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ABSTRACT

The final booklet in a series on physical education and sports for the handicapped presents ideas for teaching dance to the physically disabled. Introductory sections consider the rehabilitation role of dance, physiological and psychological benefits, and facilities for dance instruction. Step-by-step suggestions are given for teaching ballroom dance (waltz, foxtrot, merengue, cha-cha, rhumba, and tango), square dance, and folk dance to persons using wheelchairs and crutches. Also included are reprints of seven articles on dance and a listing of additional resources on dance. (CL)

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DANCE FOR PHYSICALLY DISABLED PERSONS:

A Manual for Teaching Ballroom, Square, and Folk Dances to Users of Wheelchairs and Crutches

by

Kathleen Hill
Therapeutic Recreation Specialist
The Rehabilitation Hospital of the Pacific
Honolulu, Hawaii

Prepared and Distributed by

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ABOUT THE AUTHOR

Kathleen Hill received a Bachelor's Degree in Therapeutic Recreation Service from the University of Connecticut, Storrs, Connecticut, in December 1975. It was during her undergraduate program that she wrote this dance manual. Soon after graduation, Ms. Hill moved to Honolulu, Hawaii, and began employment as a Therapeutic Recreation Specialist at the Rehabilitation Hospital of the Pacific (REHAB). She leads wheelchair ballroom dance classes there weekly and, apparently, patients, as well as staff, truly enjoy the activity

June 1976

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We are all indebted to Kathleen Hill for her willingness to share this material through AAHPER and Physical Education and Recreation for the Handicapped: Information and Research Utilization Center (IRUC). This is indeed a historical document. While dance activities have been part of recreation, rehabilitation, and therapeutic programs over the years, few publications and periodicals have provided practical, how-to-do it information. In fact, extensive search did not reveal a major publication of this type now in existence.

So many times individuals in wheelchairs, with braces, or on crutches have been denied recreational opportunities and social experiences of this type. This has been brought about for a variety of reasons. Obviously the fact that little published material has been available is a factor. Lack of expectations and imagination by personnel responsible for physical activity, recreation, and social programs have contributed. In some situations impaired and disabled persons themselves have not been aware of possibilities in, values of, and fun of dance. This publication is a gigantic step to change these conditions and turn things around.

In addition to providing step-by-step procedures for teaching folk, square, and ballroom dances to individuals in wheelchairs or on crutches, these materials should inspire individuals who have not taken part in this type of activity before. Individuals responsible for programs should be responsive to these human needs and more willing to introduce dance activities into their programs. Increased participation will bring about individuals who are more social, who enjoy life, and who have a ball in a life worth living. No longer will they have to look to work for constructive and meaningful activity.

In addition to Kathleen Hill and individuals she recognizes in the author's preface, special thanks and appreciation are extended to Liane Summerfield, IRUC Information and Materials Assistant, who was responsible for editing and processing the manuscript. Additional gratitude is given Carolyn M. Stein who drew the diagrams showing movements and steps of the various dances. This has truly been a team effort from which new, existing, and challenging opportunities should develop for impaired and disabled individuals everywhere.

Julian U. Stein, Director
IRUC and AAHPER Consultant
Programs for the Handicapped

PREFACE

This publication has been designed to aid the worker in therapeutic recreational services in guiding a dance activity for physically disabled persons. Dances included are fairly easy to teach. They follow as closely as possible the moves that a leg dancer would do.

I would like to thank Christopher Trowbridge who spent many hours in wheelchairs with me, Michelle Bechard who assisted in the choreography of dances with crutches, James Bauer of the Physical Therapy Department of the University of Connecticut, and Armand LaGalt and Charles Long who gave me many ideas for the wheelchair square dance section. Many thanks to Tony Kearney for his photographic work.

I am most grateful to all others who have given me helpful hints throughout the writing of this paper.

Kathleen Hill
Honolulu, Hawaii

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INTRODUCTION TO REHABILITATION THROUGH DANCE

I could have danced all night.
I could have danced all night ...

Dance can be a very useful tool in the rehabilitation process of physically disabled persons. It is a socially acceptable activity that will never die, though its styles may change. For physically disabled individuals, specifically those in wheelchairs and those on crutches, dance can be a thoroughly rewarding experience. Ability to hear and feel music and its rhythm and then move in time allows one to enjoy fully a beautiful form of expressive communication. Truly "...there is lasting universality in the social satisfaction that people derive when they move together in rhythmic harmony." (7, p. 256)

Much study and thought has been applied to therapeutic values of recreational activities for disabled persons. Dance, one of several major program areas of recreational activities, has been used widely with psychiatric patients as a means of communication, expression, and redirection. Dance can be most rewarding as a therapeutic recreational activity for physically disabled persons as well. A physically perfect body is not necessary to dance; dance is movement to rhythm which can be enjoyed even if it occurs in only certain isolated parts of an individual.

Therapeutic Recreation

The term recreation is generally defined as an experience engaged in voluntarily during unobligated time for the purpose of personal satisfaction and enjoyment. When preceeded by the term therapeutic, this definition of recreation changes only slightly. Therapeutic recreation also has as its goal the enhancement of personal satisfaction and enjoyment; however, therapeutic recreation activities are prescribed for the additional purpose of bringing about some change in physical, emotional, and/or social behavior or to facilitate the growth and development of an individual.

The definition of therapeutic recreation implies that individuals do not always engage in these activities voluntarily or during unobligated time. Certainly, some persons are incapable of making choices due to the severity of their mental or emotional illness or due to profound mental retardation, brain damage, or physical illness, and these individuals may be required to participate in specific recreation activities as a part of their treatment. Ultimately, however, the therapeutic recreation specialist aims to increase the number of activities available to an individual and offer activities during a variety of time periods, so that therapeutic recreation experiences become engaged in voluntarily during unobligated time. When treatment goals have been met, the individual is ready to assume more complete control over choosing and engaging in activities, thus taking part in the true recreation experience.

Dance may be prescribed as a therapeutic recreation activity to give an individual ego support and self confidence and also to increase overall levels of physical fitness. As indicated earlier in this section, some persons will not voluntarily engage in activity, especially a physical activity such as dance, because they feel that they are too physically ill, because they are mentally unable to motivate themselves, or because they intellectually do not understand what the activity entails. It then becomes the responsibility of the therapeutic recreator, dance specialist, or adapted physical educator to show these persons their existing abilities -- to dwell on these rather than disabilities -- and to motivate each to participate. (13) Dance will not be the activity of choice for every person. However, it should not be overlooked, since even persons with very little body movement are capable of participating in some form of the art.

The Rehabilitation Process

There are three main objectives of rehabilitation medicine:

- Eliminate the physical disability if possible,
- Reduce the physical disability, or alleviate it to the greatest extent possible,
- Retrain the person with a residual physical disability to live and work within the limits of the disability but to the hilt of his or her capabilities.

The entire process of rehabilitation is, therefore, practice, reeducation, and retraining with the help of professionals from a variety of disciplines for the ultimate purpose of restoration to as nearly normal a life as possible. Some of the rehabilitation disciplines include occupational therapy, physical therapy, speech and hearing therapy, vocational rehabilitation, psychological counseling, and social work. There is also a distinct place for therapeutic recreation within the rehabilitation process, meeting the individual's social, emotional, and physical needs, as well as providing the individual with skills for satisfying use of leisure time. (13) Since a great deal of the physically disabled person's rehabilitation involves exercise of affected body parts, physical recreation activities are essential.

Use of Dance in Therapeutic Recreation and Rehabilitation

Physically disabled persons, through social dancing -- square, folk, and ballroom -- can learn to cope better with their problems. Activity reassures an individual that he or she is capable of functioning and capable of interacting successfully with other patients and people from the community. Mourning and morbidity often experienced by disabled persons can be replaced by satisfaction at newly learned skills. In addition, any group activity requires that an individual interact socially, and dance both encourages and teaches this.

Often, a person's inner strengths are overlooked. Latent assets must be tapped. In choosing activity for a patient, a therapeutic recreation service worker must look to activity in which the individual participated before his or her affliction and then adapt this to the person's current abilities. If a patient engaged in dance prior to being injured, if comfort, relaxation, and emotional release were experienced during it, no individual should be denied the priviledge of enjoying it again. Many may be afraid to try because they think it impossible, but it seldom is. Each must be motivated, encouraged, reeducated, and possibly forced to participate. (13)

As previously discussed, rehabilitation is a process which permits an individual to regain functional use or partial use of parts of the body after disease or trauma has occurred. Rehabilitation is all of those processes designed to permit a patient to be optimally effective with remaining abilities. The goal of rehabilitation is to return the individual to the community, while functioning as autonomously as possible. Therapeutic recreation services and, specifically, dance aid in strengthening personal skills and social interaction, and do not allow patients to dwell on their conditions and become morbid. Though medical treatment takes precedence over other rehabilitation procedures, there is documented need to interject therapeutic recreation activity for moral support and motivation of the individual. (13)

Obviously, dance is not a universal cure-all for every ailment; not everyone is interested in it. But for those who are, it is an activity that need not be denied because of a physical disability. It can be engaged in successfully and bring a great deal of satisfaction to those who enjoy it and try to master it.

VALUES OF DANCE

Physiological Benefits

Physical fitness may be defined as the functional capacity of various systems of the body and includes:

- muscular strength -- maximum amount of external force imposed by a specific muscle or muscle group.
- muscular endurance -- ability to sustain activity.
- flexibility -- range of motion in specific joints.
- cardio-respiratory endurance -- ability of the body to supply oxygen to the muscles for work.

Improved levels of physical fitness may result from participation in physical activity, including dance. General fitness levels of a patient may be enhanced purely through motivational input of dance (motivation or the lack thereof has been found to have a definite effect on higher or lower scores in the measurement of physical fitness). (3) In addition, any of the specific aspects of fitness mentioned above may be improved through dance activities.

A patient in a wheelchair or using crutches must develop strength in residual muscles to the highest degree possible to get optimal performance from them. To increase muscular strength, a super-maximal force must be applied by a muscle. In dance one is able to isolate a specific muscle group, work it harder than it is accustomed, and thereby obtain an increase in muscular strength.

Persons in wheelchairs or using crutches also need to develop muscular endurance in order that they may walk long distances or sustain pushing motions over a substantial period of time. Muscular endurance may be increased by participating in an activity for more time or more repetitions than usual. Since dance can be very diversified, interesting, enjoyable, and social, it lends itself to many repetitions and more time involvement than other physical activities in which repetition may become boring.

Flexibility can also be enhanced through dance. This is perhaps more pertinent to modern dance than social dance. However, depending on the degree of an individual's limitation in range of motion, even a small dance movement can put additional stress on a joint, thereby increasing range of motion and flexibility over a period of time.

Finally, since dance may involve the entire body it can have great effect on increasing cardio-vascular endurance. This necessitates work of large muscle groups, making them function at levels above normal. Movement can also take place in small, isolated parts of the body to promote muscular endurance or in all parts of the body -- a more grand movement to stimulate cardio-respiratory endurance.

In addition to aiding increased levels of physical fitness, dance can be beneficial for enhancing elements of motor fitness such as coordination, balance, accuracy, and reaction time. By performing each specific movement in exact time to music, all four of these elements are utilized. Dance can enhance basic, everyday movement patterns of disabled persons just as it does for non-disabled individuals. By sitting or standing erect and flowing in time to music, poise, body image, and posture can be improved. To look and feel good is half the battle of recuperation.

Psychological Benefits

Although the physical benefits of dance must never be undermined, this activity is also a generous contributor to psychological well-being. The main reason for dance's psychological value is directly tied to the factor that sets dance apart from other physical activities: good physical, motor, and perceptual performance does not necessarily guarantee a good dancer; success in dance is greatly related to the emotion and spirit of the participant. Dancers are expected to reveal themselves through this socially approved way of expressing anger, aggression, happiness, thoughts, and ideas. Thus, physically disabled persons learn about their bodies, find outlets for their emotions, and consequently can develop more positive attitudes toward themselves. The fact that dance is a lifetime recreation activity, too, adds to its psychological value. Disabled participants realize that they are not merely engaging in mindless activity to pass the time while hospitalized -- this is an activity enjoyed by millions of disabled and non-disabled persons in the community at large.

In summary, dance is an activity that may psychologically and physically aid a patient in more rapid recuperation. It is an activity that can be carried over into community life. It may enhance one's ability to express emotion, interact socially, communicate, relax, be more self confident, and be more physically and motorically fit. Dance builds an individual's strengths rather than dwelling on weaknesses, which is perhaps the most important concept to remember when dealing with the habilitation or rehabilitation of any individual.

.... *I can dance all night.*

FACILITIES FOR DANCE

Often in treatment settings therapeutic recreation, being the newest addition to the total treatment program, is allotted space that is either left over or the most undesirable. Recreation activities, therefore, are rarely conducted in ideal settings -- the arts and crafts room may not have a sink, the gymnasium may have a low ceiling, the area for social activities may be shared with a record player, ping pong table, and treatment carts! Even in community recreation centers, recreation personnel have had to adapt, remodel, or simply make do with unusual or unsatisfactory spaces

Thus, the area where a dance program is conducted may not be the most ideal. However, certain considerations are necessary to make a dance facility accessible to and usable by physically handicapped individuals. The reader will probably observe that many of these considerations also make a dance facility more usable by non-handicapped persons!*

- Floors -- should be uncarpeted, or at least not carpeted with deep-pile carpeting; should be non-slippery.
- Sound Equipment -- should be placed on a stand of table height equipped with rollers, facilitating operation and movement by persons in wheelchairs.
- Controls -- switches and controls for lights, heat, ventilation, windows, and draperies should be within the reach of persons in wheelchairs.
- Doors and Doorways -- doors should have a clear opening of no less than 32" when open and should not require unreasonable strength or effort to open.
- Rest Rooms/Locker Rooms -- must have a turning space 60" x 60 " to allow traffic of persons in wheelchairs; at least one toilet stall must be three feet wide, at least 4'8" deep, having a 32" wide door that swings out, with grab bars on each side of the stall parallel to the floor, the toilet seat being 20" from the floor; drain pipe and hot water pipes should be covered or insulated; some mirrors and shelves should be no higher than 40" from the floor; towel dispensers should be mounted no higher than 40" from the floor; lockers should have shelves and hooks that are low enough to be reached by persons in wheelchairs.
- Water Fountains -- the upper edge of the basin should be no more than three feet above the floor with controls and spout at front.

When dance activities for physically handicapped persons are conducted in community settings, these additional considerations should be observed:

- Parking -- should be clearly identified as for use by handicapped individuals only and placed near the building; minimum width for a space is 12 feet.

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*These suggestions were taken from Into the Mainstream: A Syllabus for a Barrier-Free Environment by Stephen A. Kliment (Department of Health, Education, and Welfare, Social and Rehabilitation Service, 330 C Street, S.W., Washington, D.C. 20201).

- Ramps -- should be provided in lieu of or in close proximity to steps; should slope no greater than one foot rise in 12 feet and have handrails on at least one side.
- Public telephones -- an appropriate number should be made accessible to physically handicapped persons, with height of dial and coin slot located 48" or less from the floor.
- Elevators -- must be provided when building is more than one story; all controls should be 48" or less from the floor and the cab should be at least 5 feet x 5 feet.
- Room identification -- should be placed on the wall at a height of 4'6" to 5'6" from the floor.

TEACHING SOCIAL DANCE

Ballroom, folk, and square dances are generally considered to be the social dances. In adapting these dances for and teaching them to persons in wheelchairs or using crutches no special expertise is required. However, the teacher/leader should have (1) a basic knowledge of music, at least the ability to hear a beat, and (2) a basic understanding of the physical requirements of using a wheelchair or crutches. The teacher/leader should realize that some dances are harder than others -- the Tango on wheelchairs, for example, calls for very good wheelchair handling -- but all should be tried nevertheless.

In ballroom dance couples face each other with no handholding or physical contact; they do keep eye contact with each other -- it makes the dance so much more romantic! Leads -- the calling of the steps -- are given verbally by either the man or woman. When teaching ballroom dances, as well as other social dances, leave the music off initially and walk through steps until everyone has learned them. Then make up a simple combination that all can perform together. For example, in the waltz everyone can try four basic steps -- one box step, one ladies' turn, and two basic waltz steps. It is difficult to remember all the different steps for every dance and takes practice before a lead can be given and followed with no hesitation. But it is great fun learning.

In square dancing also no physical contact is necessary between dancers. Calls are given by one person, usually an individual who is not dancing for an entire dance. Sometimes more music must be added for a move, sequence, or pattern to be completed, when the movements are especially complex. In these cases the regularly sung verse of a song may be included. In other words, after the calling verse is sung, everyone sings the popular verse until all dancers have completed the move, sequence, or pattern.

Folk dances included in this publication are good warm-up and relaxation dances -- for example, Alley Cat and Never on Sunday respectively -- to be used to start the activity and to be interjected when dancers need a rest. They are all relatively simple.

Certain features have been included in the sections on ballroom, folk, and square dancing to assist the teacher/leader in conducting these dances with greater ease. Instructions for all steps and moves are given in the form of a listing, with beats of the music listed in one column and corresponding moves in the next. For more complex steps and moves, diagrams have been provided which illustrate movements of both partners. It will be helpful to teachers and participants to first study the diagrams for a basic idea of how the dance looks. Then, as the dance is being conducted, the teacher or leader can call out moves using the listing. All symbols and abbreviations used in diagrams and listings are explained in the Glossary (page 83).

Timing -- full-time, half-time -- may be altered according to each participant's abilities. Moves should generally be kept small for both wheelchair and crutch users, but dancers should be sure to keep enough room

between themselves so that no accidents occur -- no wheelies, no crushed hands, and no tripping! It is impossible to set a standard rule for space required to dance, but initially a distance of two wheelchairs or one adult-size crutch length between dancers should be sufficient, until dancers are experienced enough to determine their own space needs.

Enough of introductions! Let's get started and dance the night away!

BALLROOM DANCE

Ballroom dances include the waltz, fox trot, cha-cha, rhumba, tango, samba, mambo, polka, and rock 'n roll. Basically, these dances descended from the dances that were popular in ball rooms over 100 years ago -- the minuet, quadrille, schottische, and lancers.

Waltz

The Waltz is of middle European origin. Its style is very smooth and gliding, and it is executed to dreamy and romantic melodies. Timing for this dance is 3/4 with various tempos or speeds; the American tempo is slow whereas the Viennese tempo is faster. Timing should be adjusted according to abilities of the dancers, or individual steps may be altered so as to keep better time with the music.

Waltz - Wheelchairs

(Counts)	(Man)	(Woman)
BASIC		
1,2,3	F	B
1,2,3	B	F
BOX STEP (see diagram, page 12)		
1	F	B
2,3	Turn R 90°	Turn L 90°
1	F	F
2,3	Turn L 90°	Turn R 90°
1	B	F
2,3	Turn L 90°	Turn R 90°
1	F	F
2,3	Turn R 90°	Turn L 90°

LADY'S TURN

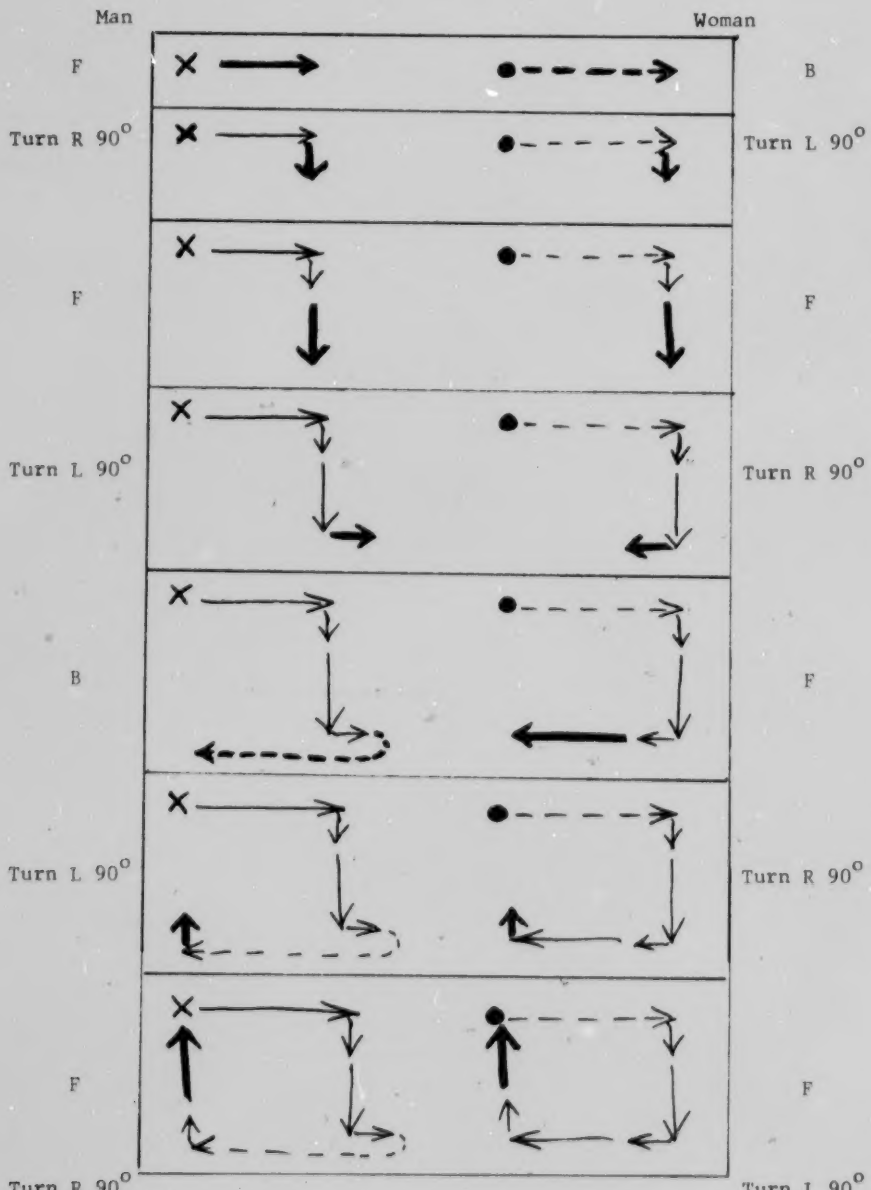
As the man does balances the woman takes 12 counts to turn all the way around to her right; she may repeat this move turning to the left.

DOUBLE TURN

The man and woman make complete turns in 12 counts, the man to his left, the woman to her right; it may be repeated in opposite directions.

Waltz--Box Step (Wheelchairs)

Starting Position



(Counts)	(Man)	(Woman)

PROGRESSION (see diagram, page 16)

1,2,3	Turn L 45°	Turn L 45°
1,2,3	F - F - F	B - B - B
1,2,3	Turn R 90°	Turn R 90°
1,2,3	F - F - F	B - B - B
1,2,3	Turn L 90°	Turn L 90°
1,2,3	F - F - F	B - B - B
1,2,3	Turn R 45°	Turn R 45°
	(face each other)	
1,2,3	F - F - F	B - B - B

FLIRTATION BREAK

1	Turn L 45° and F	Turn L 45° and F
2,3	F - F	B - B
1,2,3	Turn R until you face partner	Turn R until you face partner
1,2,3	B	B
1,2,3	F	F

CONVERSATION

1,2,3	F	B
1,2,3	B	F
1,2,3	Turn L 90°	Turn R 90°
1,2,3	F - F - F	F - F - F
1,2,3	Turn R 90°	Turn L 90°
	(face each other)	

Waltz - Crutches

(Counts)	(Man)	(Woman)

BASIC: BOX STEP (see diagram, pages 17-18)

1	Crutches F	Crutches B
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches R	Crutches L
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches B	Crutches F
2	Swing - to	Swing - to
3	Hold	Hold

(Counts)	(Man)	(Woman)
1	Crutches L	Crutches R
2	Swing - to	Swing - to
3	Hold	Hold

BALANCES

1	Crutches F	Crutches B
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches B	Crutches F
2	Swing - to	Swing - to
3	Hold	Hold

FIRST POSITION BREAKS

1	Crutches F	Crutches B
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches B	Crutches F
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches L	Crutches R
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches R	Crutches L
2	Swing - to	Swing - to
3	Hold	Hold

CONVERSATION

1	Crutches turn L 90°	Crutches turn R 90°
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches F	Crutches F
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches F	Crutches F
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches R 90°	Crutches L 90°
2	Swing - to	Swing - to
3	Hold	Hold

(Counts)	(Man)	(Woman)

PROGRESSION (see diagram, page 19)

1	Turn L 45° and F	Turn L 45° and B
2	Swing - to	Swing - to
3	Hold	Hold
1	Turn R 90° and F	Turn R 90° and B
2	Swing - to	Swing - to
3	Hold	Hold
1	Turn L 90° and F	Turn L 90° and B
2	Swing - to	Swing - to
3	Hold	Hold
1	Turn R 45° and F	Turn R 45° and B
2	Swing - to	Swing - to
3	Hold	Hold
	face each other	

PARALLEL

1	Turn L 45° and F	Turn L 45° and F
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches B	Crutches B
2	Swing - to	Swing - to
3	Hold	Hold
1	Turn R 90° and F	Turn R 90° and F
2	Swing - to	Swing - to
3	Hold	Hold
1	Crutches B	Crutches B
2	Swing - to	Swing - to
3	Hold	Hold

LADY'S TURN

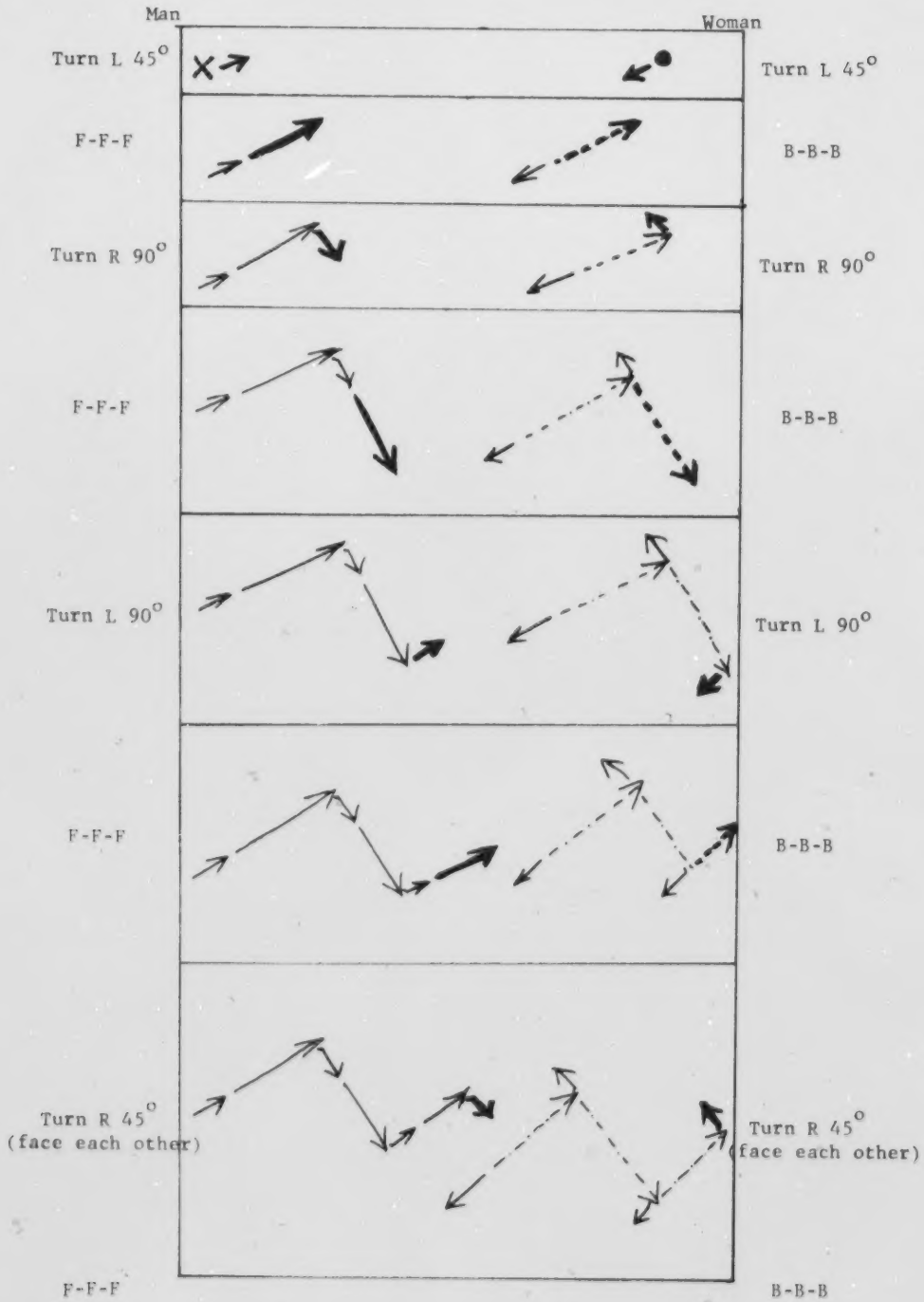
As the man does balances the woman takes 12 counts to her right to turn completely around in place; she may repeat this move to the left.

DOUBLE TURN

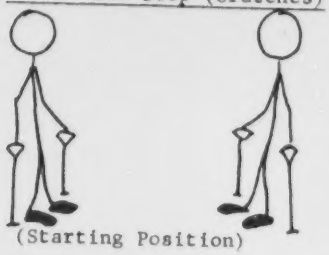
The man and woman make complete turns in place for 12 counts, the man to his left, the woman to her right; this may be repeated in the opposite direction.

Waltz--Progression (Wheelchairs)

Starting Position



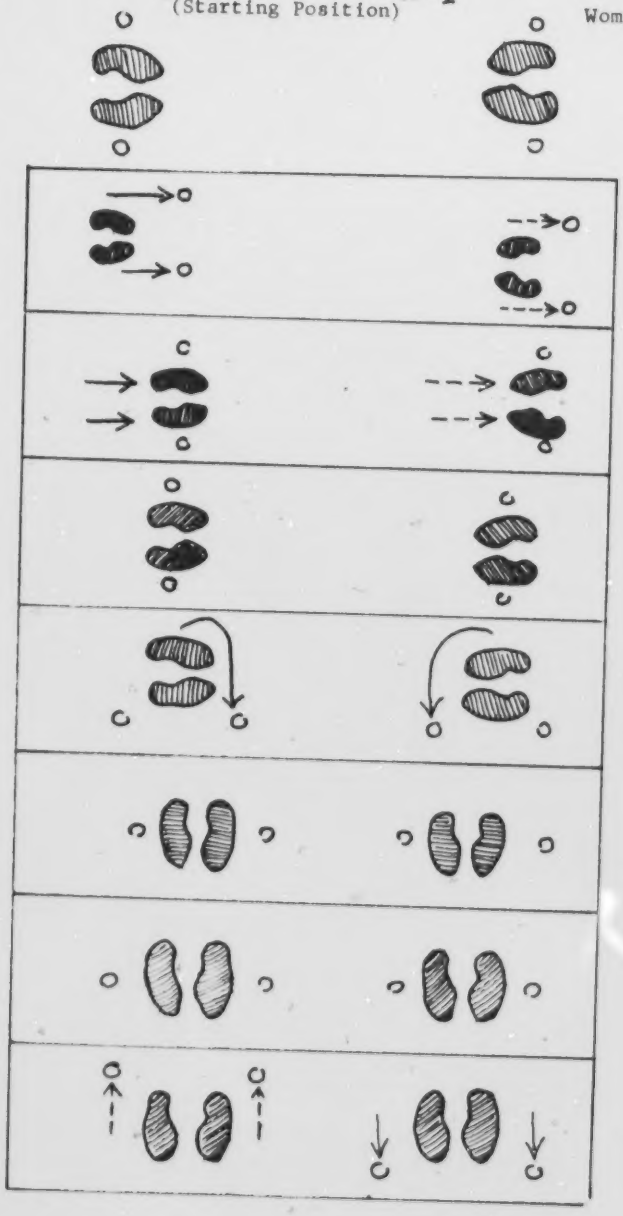
Waltz--Box Step (Crutches)

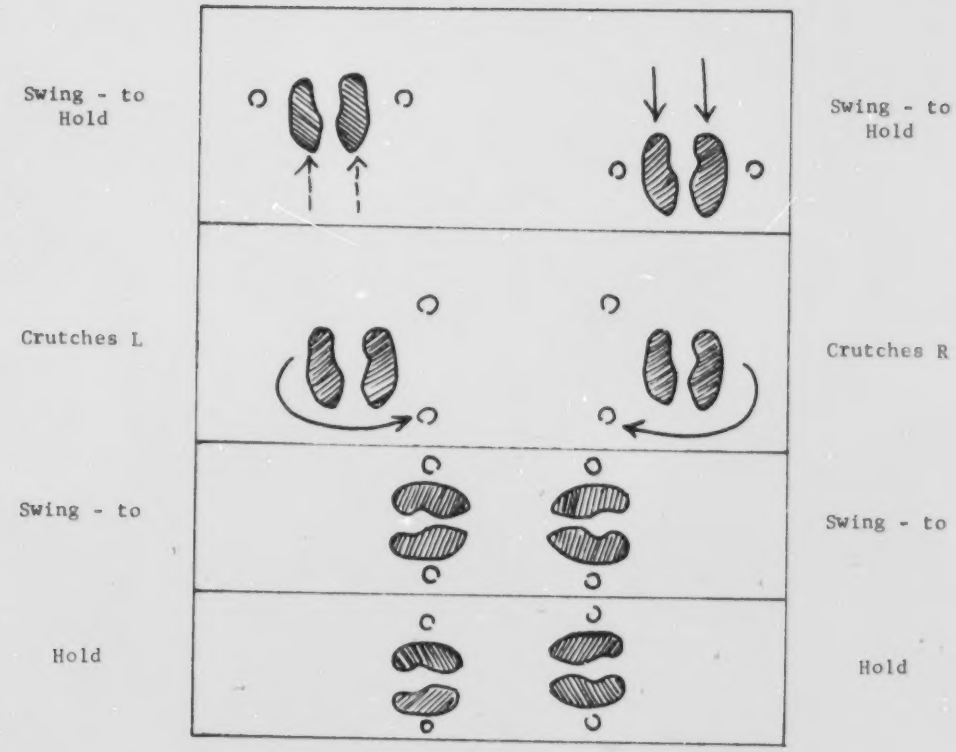


(Starting Position)

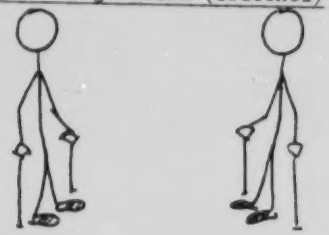
Man

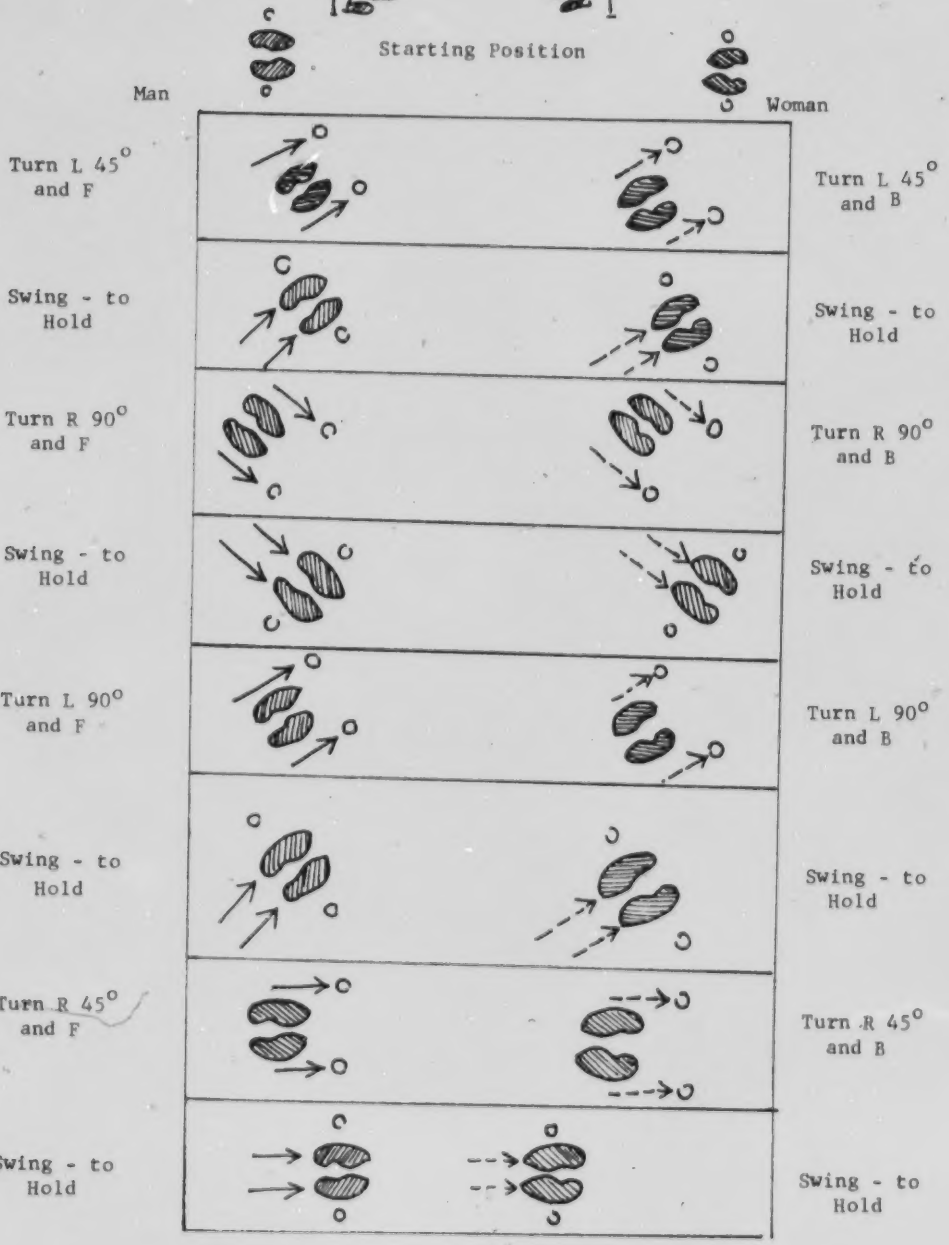
Woman




Swing - to Hold
Swing - to Hold
Crutches L
Crutches R
Swing - to
Swing - to
Hold
Hold

Waltz--Progression (Crutches)




Starting Position
Man
Woman
Turn L 45° and F
Turn L 45° and B
Swing - to Hold
Swing - to Hold
Turn R 90° and F
Turn R 90° and B
Swing - to Hold
Swing - to Hold
Turn L 90° and F
Turn L 90° and B
Swing - to Hold
Swing - to Hold
Turn R 45° and F
Turn R 45° and B
Swing - to Hold
Swing - to Hold

Fox Trot - Wheelchairs

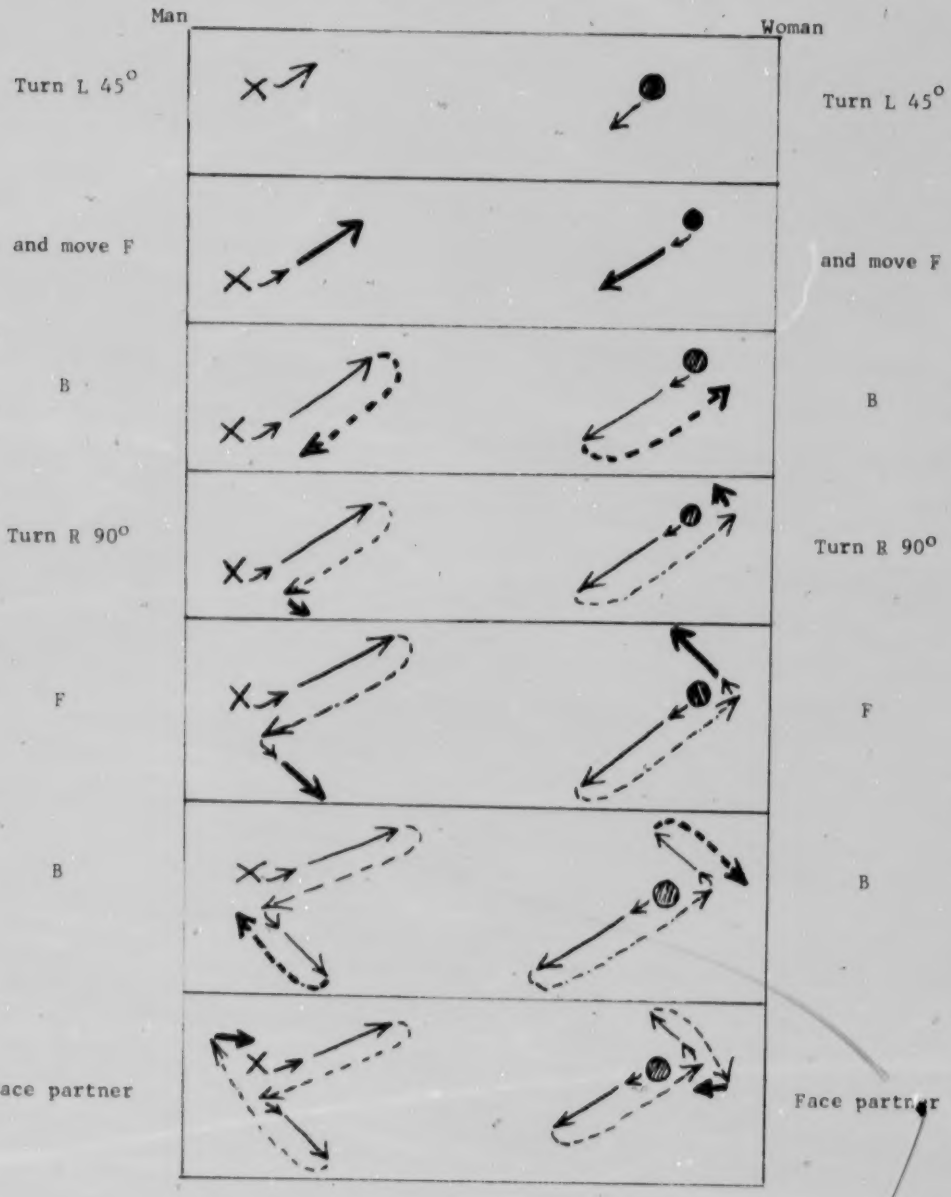
The Fox Trot is a truly American form of ballroom dance. It was named after Harry Fox, star in the early 1900's who danced to rag-time music in popular Ziegfeld shows. It is a very smooth dance done in 4/4 time of various tempos.

(Counts)	(Man)	(Woman)
BASIC		
Slow	F	B
Slow	F	B
Quick - Quick	F - F	B - B
BASIC PARALLEL (see diagram, page 21)		
Slow	Turn L 45° and move F	Turn L 45° and move F
Slow	B	B
Quick - Quick	Turn R 90°	Turn R 90°
Slow	F	F
Slow	B	B
Quick - Quick	Face partner	Face partner
FLIRTATION BREAK		
Slow	F	B
Slow	Turn L 90°	Turn L 90°
Quick - Quick	B - B	B - B
Slow	F	F
Slow	Turn R 90°	Turn R 90°
Quick - Quick	F - F	B - B
CONVERSATION		
From the basic -		
Slow	Turn L 90°	Turn R 90°
Slow	F	F
Quick - Quick	F - F	F - F

Both continue to move forward next to each other, the lady on the man's right -- this is conversation position.

Fox Trot--Basic Parallel (Wheelchairs)

Starting Position



(Counts)	(Man)	(Woman)

CONVERSATION TURN - OUT

Take 6 counts	Turn L 270°	Turn R 270°
	Face each other	

CONVERSATION ROCK

In conversation position -		
Slow	F	F
Slow	F	F
Quick - Quick	F - F	F - F
Quick - Quick	B - B	B - B
Slow	F	F
Slow	F	F
Quick - Quick	F - F	F - F

Do a Conversation Turn - Out to get out of the conversation position and face each other once again.

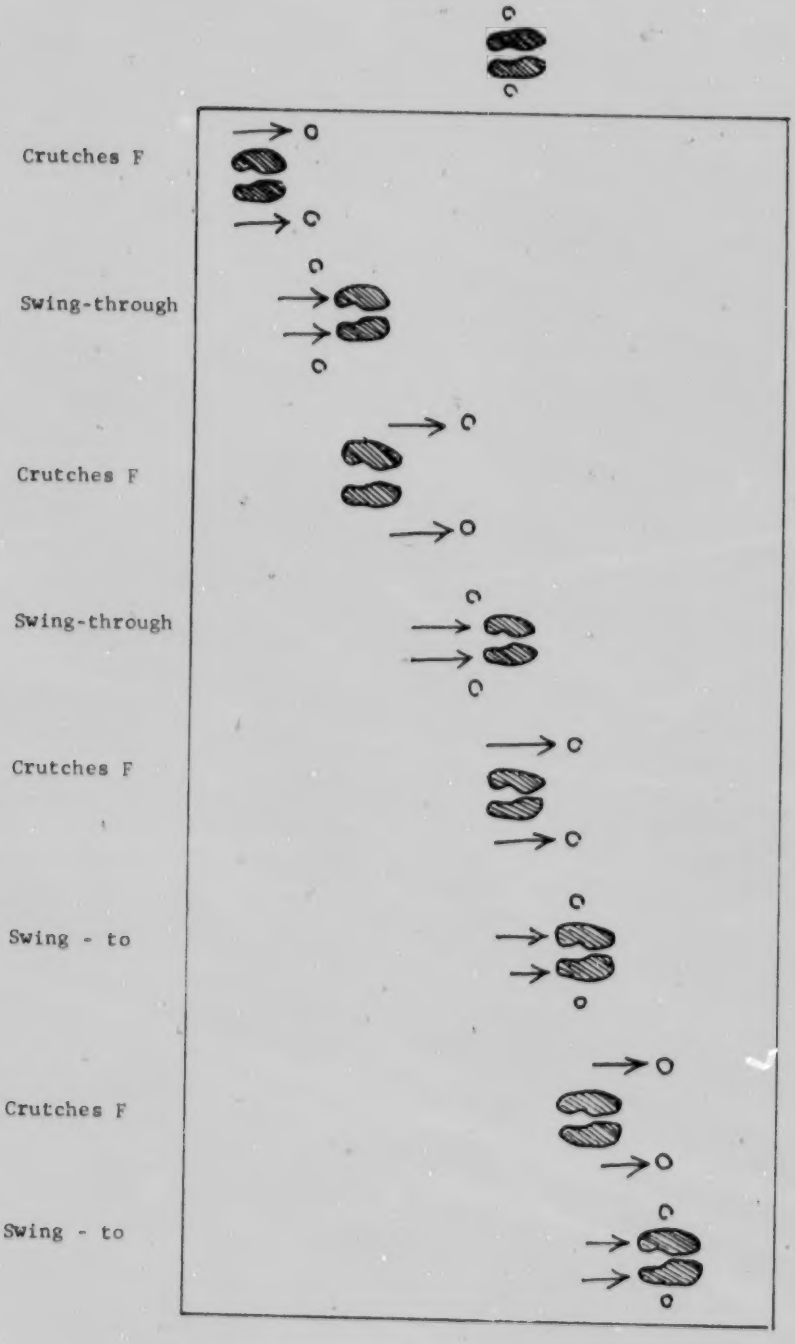
Fox Trot - Crutches

The Fox Trot is a very simple dance. All steps that are included in the wheelchair section for this dance can be performed on crutches. The timing for the Fox Trot is 4/4 and moves are slow, slow, quick, quick. For crutches it is swing - through, swing - through, swing - to, swing - to. It may be necessary to do moves in half time if the music is too fast.

(see diagram, page 23)

Counts	Wheelchair	Crutches
1,2	Slow	Swing - through
3,4	Slow	Swing - through
1	Quick	Swing - to
2	Quick	Swing - to
3,4	Slow	Swing - through
1,2	Slow	Swing - through
3	Quick	Swing - to
4	Quick	Swing - to

Fox Trot--(Crutches)



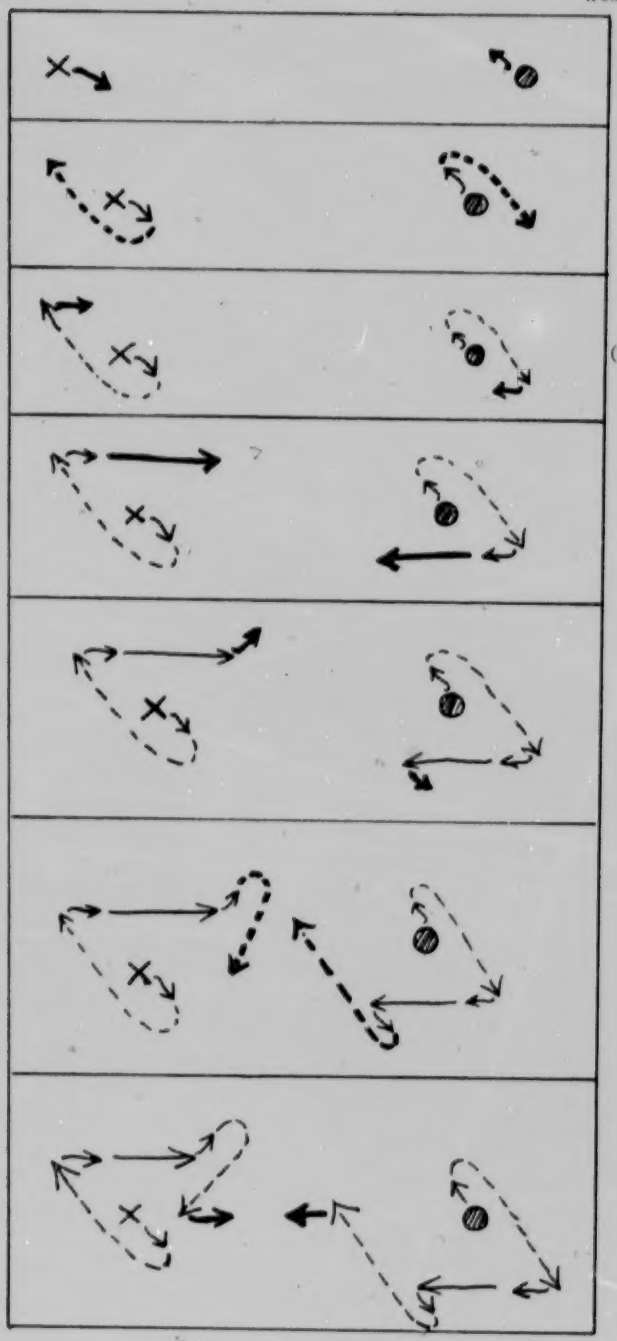
Merengue - Wheelchairs

The Merengue comes from the Dominican Republic. Basically it is a marching dance, the characteristic style of which originated with a general who had a limp as a result of a leg injury. The Merengue is done in 4/4 time. At any point during the dance, a partner may call a rest period of four counts; each move takes one beat.

(Counts)	(Man)	(Woman)
BASIC (see diagram, page 25)		
1	Turn R 45°	Turn R 45°
2	B	B
3	Turn L 45°	Turn L 45°
	face each other	
4	F	F
1	Turn L 45°	Turn L 45°
2	B	B
3	Turn R 45°	Turn R 45°
4	F	F
STAIRCASE		
1	Turn L 45°	Turn L 45°
2	F	B
3	Turn R 45°	Turn R 45°
	face each other	
4	F	B
SIDE BREAK		
1	Turn L 45°	Turn R 45°
2	Turn R 45°	Turn L 45°
	face each other	
3	F	B
4	F	B
1	Turn R 45°	Turn L 45°
2	Turn L 45°	Turn R 45°
3	B	F
4	B	F

Merengue--Basic (Wheelchairs)

Starting Position



LADY'S TURN

As the man does side breaks the woman takes eight counts to turn to the right completely around in place; she should try to do a 45° turn on each count. If the leader repeats the call, she may turn to the left.

(Counts)	(Man)	(Woman)
DOUBLE TURNS		
1	Turn L 90°	Turn R 90°
2	F	F
3	Turn L 90°	Turn R 90°
4	F	F
1	Turn L 90°	Turn R 90°
2	F	F
3	Turn L 90°	Turn R 90°
4	F	F

WRAP AROUND

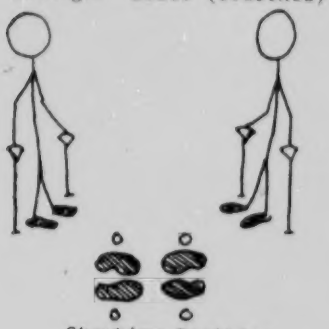
The woman makes a complete turn around in place to the right (clockwise) as the man moves clockwise in a circle around her. This move takes 12 counts; dancers should finish facing each other.

Each of these steps may be repeated as many times as the leader wishes. Calls may be repeated after each step is completed or it may be understood that the step will be repeated unless a different call is given.

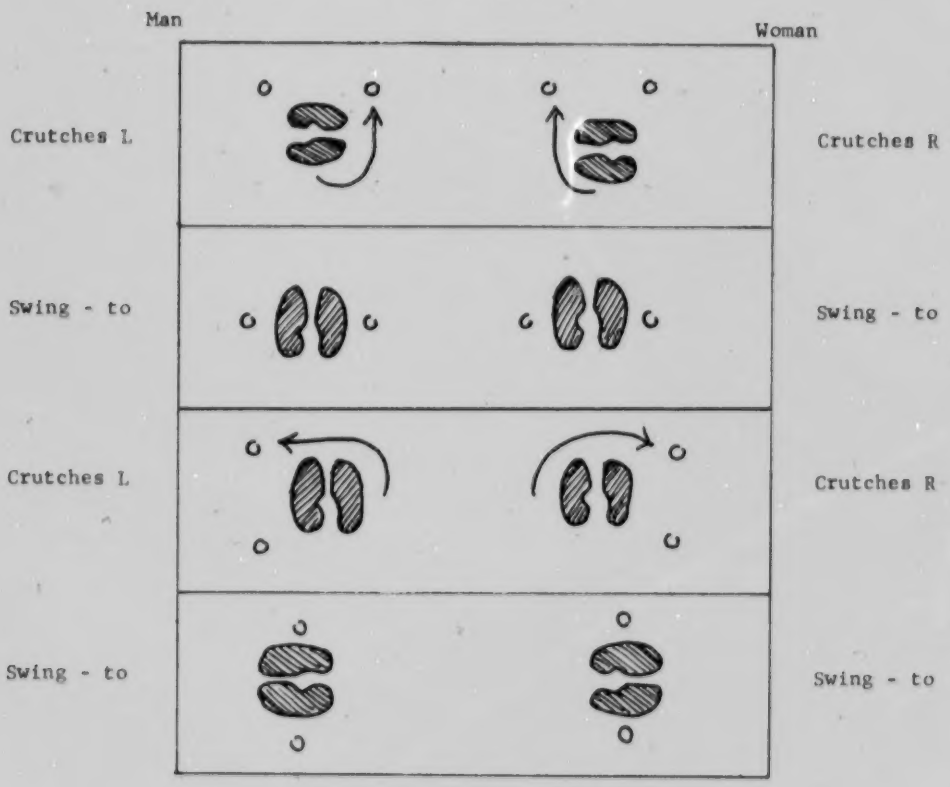
Merengue - Crutches

(Counts)	(Man)	(Woman)
BASIC (see diagram, page 27)		
1	Crutches L	Crutches R
2	Swing - to	Swing - to
3	Crutches L	Crutches R
4	Swing - to	Swing - to

Merengue--Basic (Crutches)



Starting Position



(Counts)	(Man)	(Woman)

STAIRCASE (see diagram, page 29)

1	Crutches L	Crutches R
2	Swing - to	Swing - to
3	Crutches F	Crutches B
4	Swing - to	Swing - to
1	Crutches L	Crutches R
2	Swing - to	Swing - to
3	Crutches F	Crutches B
4	Swing - to	Swing - to

SIDE BREAK

1	Crutches L	Crutches R
2	Swing - to	Swing - to
3	Crutches R	Crutches L
4	Swing - to	Swing - to

LADY'S TURN

As the man does side breaks the woman turns completely around to her right in place; this move takes eight counts. If the leader repeats the call, the lady may turn to her left.

DOUBLE TURNS

The man and woman both turn completely around in place for eight counts; the man turns to his left, the woman to her right. They may change directions if the call is repeated.

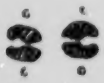
WRAP AROUND

As the woman makes a complete turn in place around to her right in eight counts, and then to her left in place in eight counts, the man moves clockwise in a circle around her; take 16 counts to complete this move. Dancers should finish facing each other.

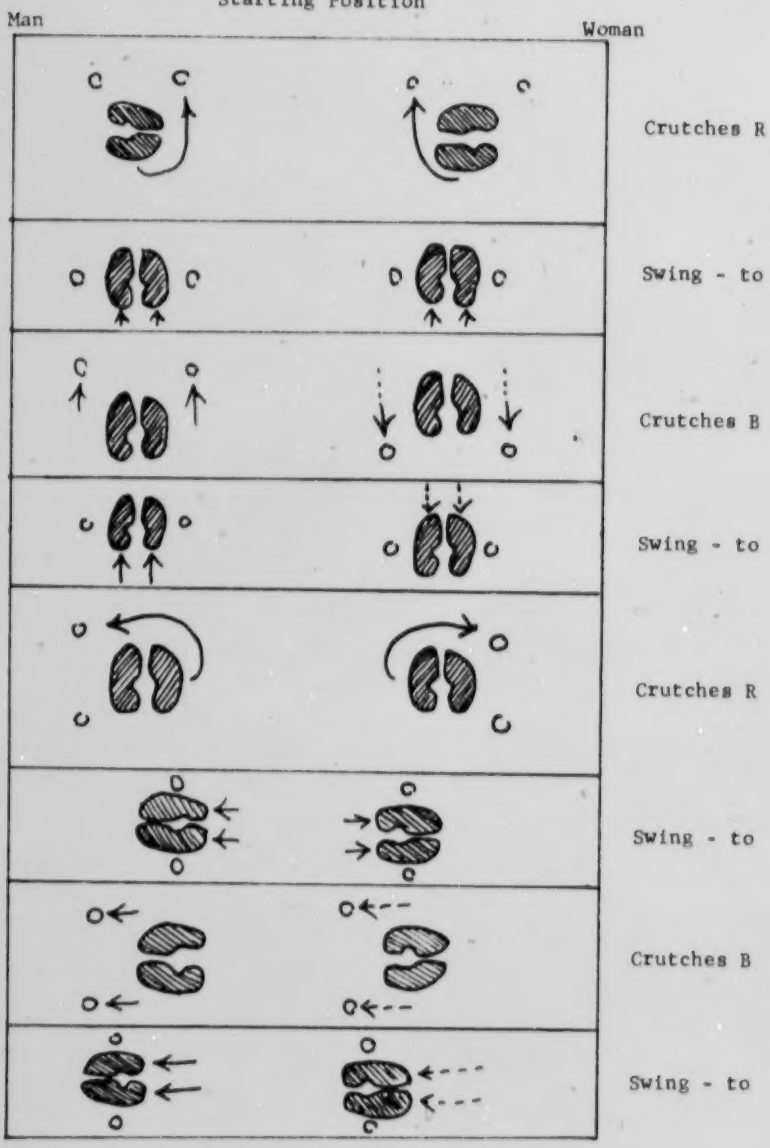
QUARTER TURNS

1	Crutches F	Crutches B
2	Swing - through	Swing - through
3	Turn L 45° and Crutches B	Turn L 45° and Crutches F
4	Swing - to	Swing - to

Merengue--Staircase (Crutches)



Starting Position

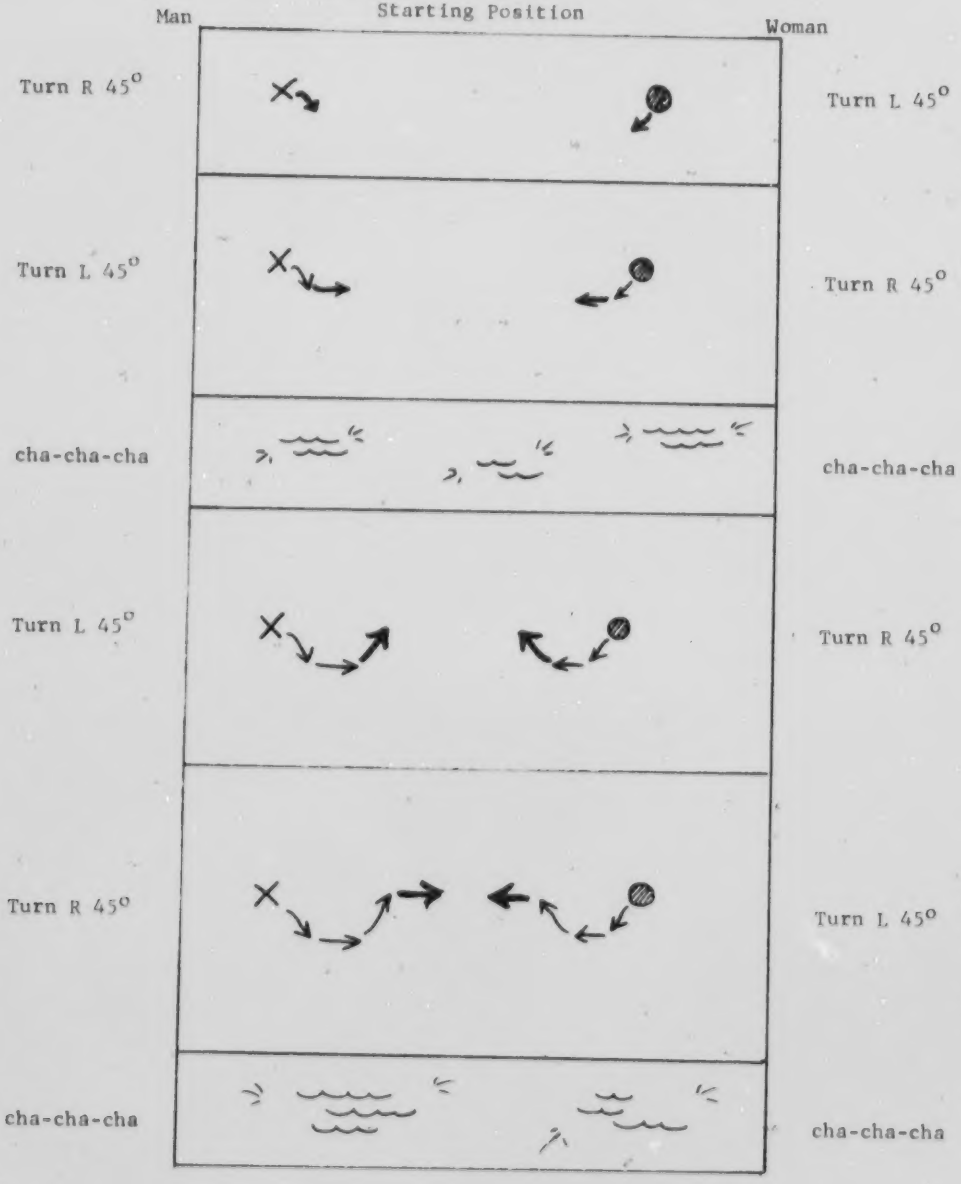


Cha-Cha - Wheelchairs

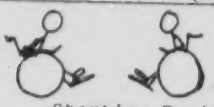
This dance is of Cuban origin and has a 4/4 time; the cha-cha-cha covers counts 3 and 4.

(Counts)	(Man)	(Woman)
BASIC		
1	F	B
2	B	F
cha-cha-cha	Shake the wheels, shoulders, or head. Partners should to the same thing.	
1	B	F
2	F	B
cha-cha-cha		
CROSS-OVER (see diagram, page 31)		
1	Turn R 45°	Turn L 45°
2	Turn L 45°	Turn R 45°
	face each other	
cha-cha-cha		
1	Turn L 45°	Turn R 45°
2	Turn R 45°	Turn L 45°
cha-cha-cha		
PARALLEL (see diagram, page 32)		
1	Turn L 45° and F	Turn L 45° and F
2	B	B
cha-cha-cha	Turn R 90°	Turn R 90°
1	F	F
2	B	B
cha-cha-cha	Return to face each other	
PROGRESSIVE		
1	F	B
2	F	B
cha-cha-cha	F - F - F	B - B - B
1	B	F
2	B	F
cha-cha-cha	B - B - B	F - F - F

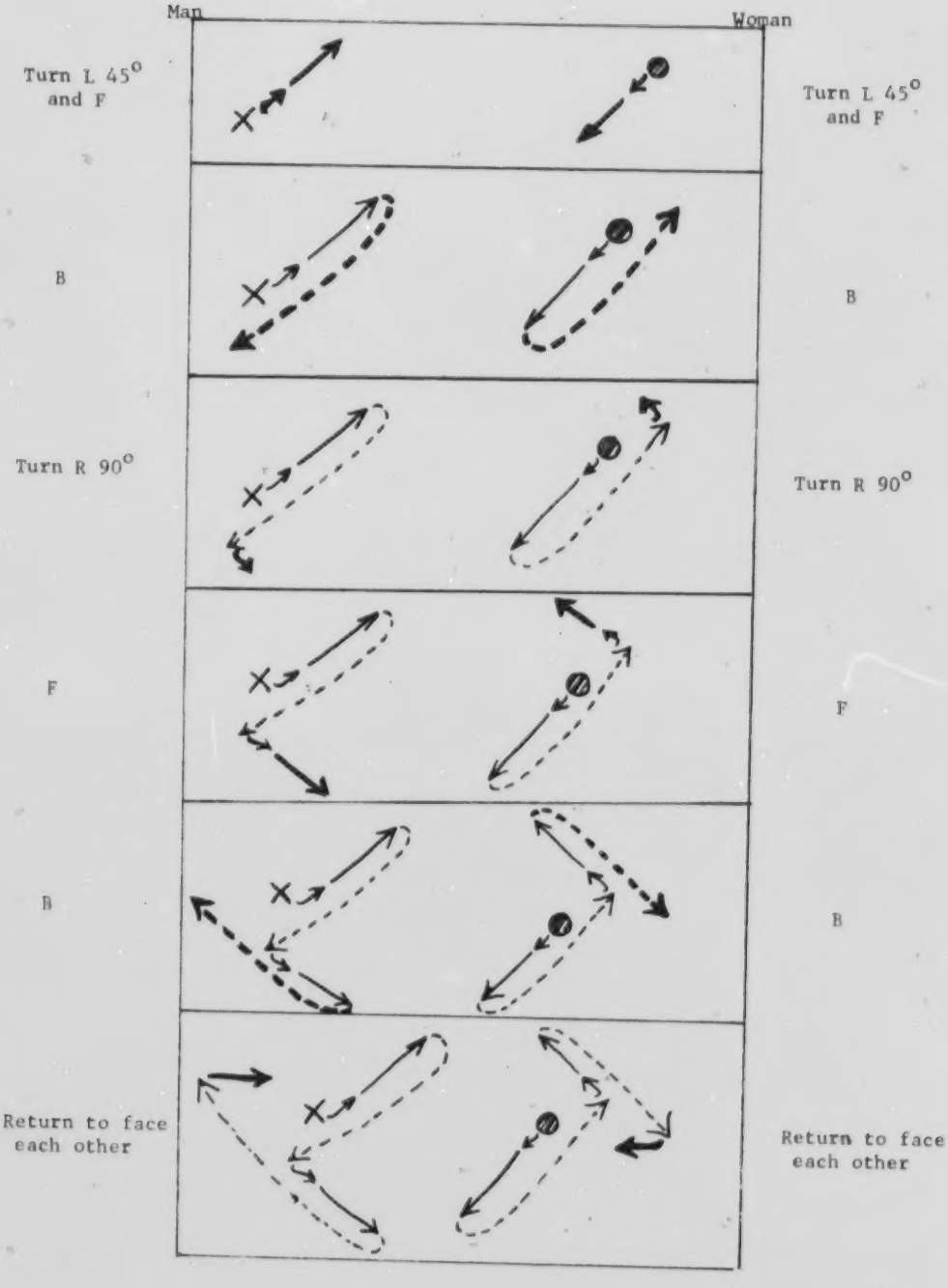
Cha-Cha--Cross-Over (Wheelchairs)



Cha-Cha--Parallel (Wheelchairs)



Starting Position



(Counts)	(Man)	(Woman)

TURN AND CHASE (see diagram, pages 34-35)

1	Turn L 90°	Turn R 90°
2	Turn L 90°	Turn R 90°
cha-cha-cha	F - F - F	B - B - B
1	Turn L 90°	Turn R 90°
2	Turn L 90°	Turn R 90°
cha-cha-cha	F - F - F	B - B - B
1	Turn R 90°	Turn L 90°
2	Turn R 90°	Turn L 90°
cha-cha-cha	F - F - F	B - B - B
1	Turn R 90°	Turn L 90°
2	Turn R 90°	Turn L 90°
cha-cha-cha	F - F - F	B - B - B

CONVERSATION

1	Turn L 90°	Turn R 90°
2	F	F
cha-cha-cha	F - F - F	F - F - F
1	F	F
2	B	B
cha-cha-cha	B - B - B	B - B - B
1	Turn R 90°	Turn L 90°
	face each other	
2	F	B
cha-cha-cha	F - F - F	B - B - B

Cha-Cha - Crutches

The cha-cha-cha's in this dance remains the same for every step. Dancers tap their crutches on the floor -- right, left, right in time to the music.

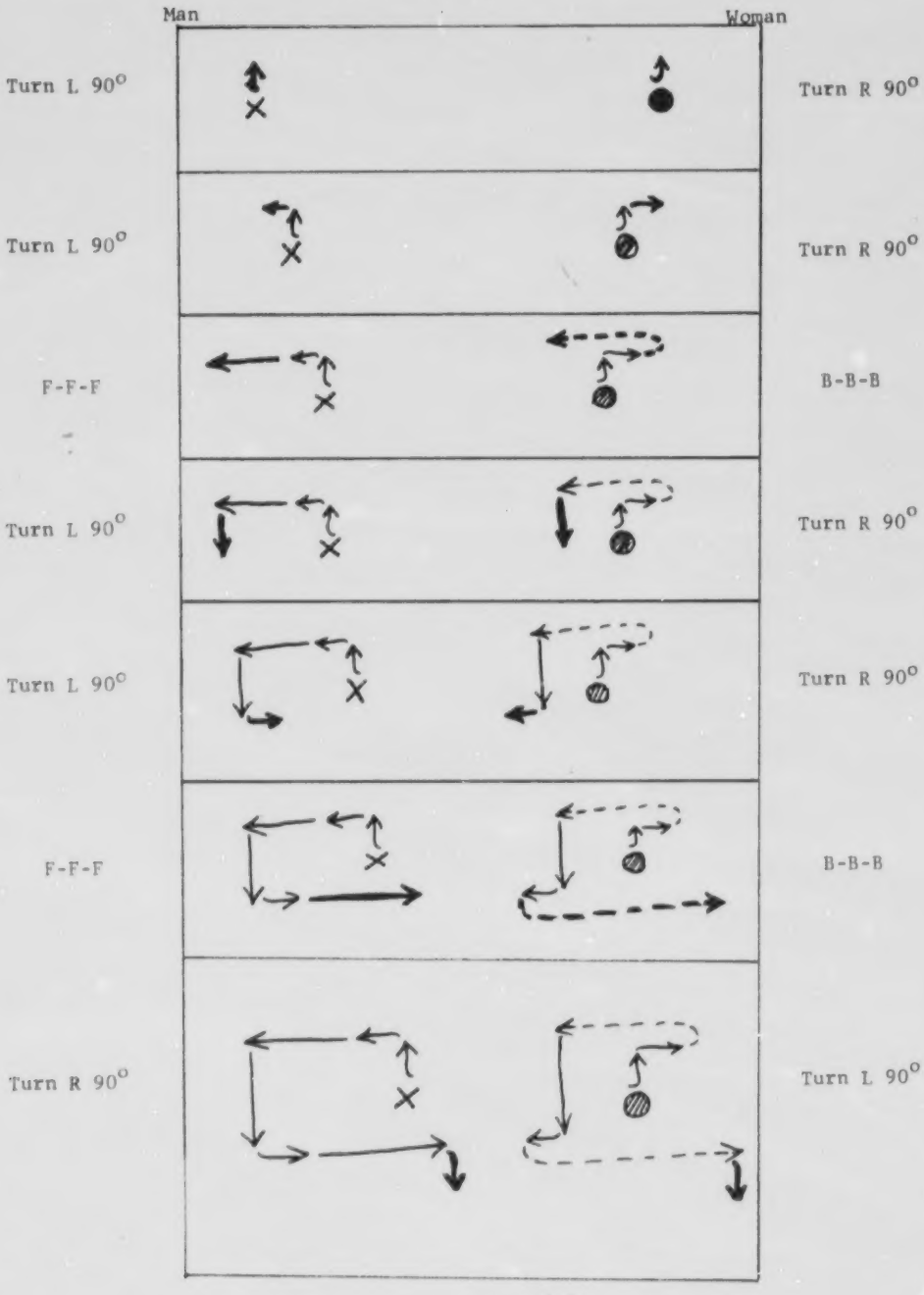
BASIC

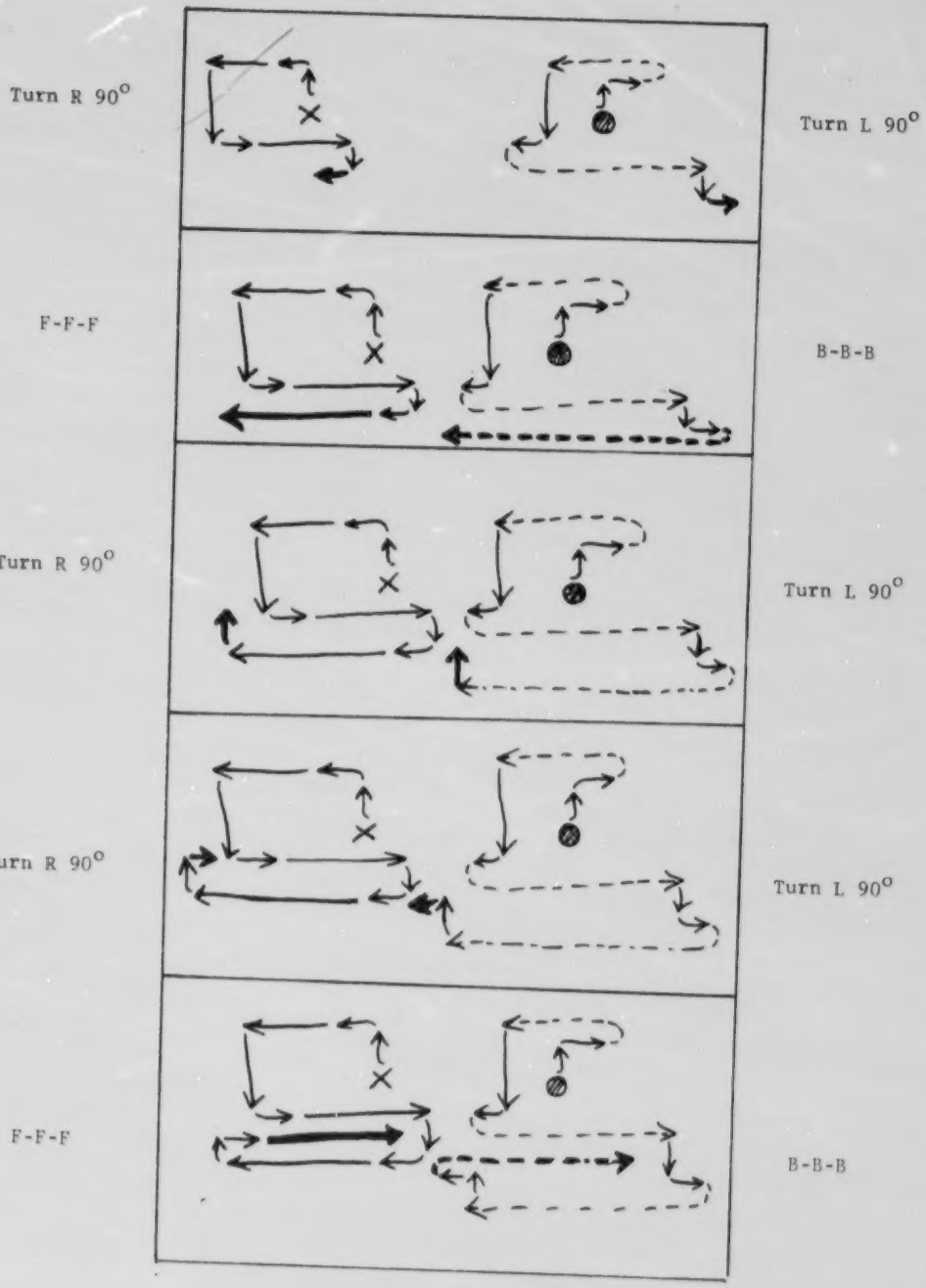
1	Crutches F	Crutches B
2	Swing - through	Swing - through
cha-cha-cha		
1	Crutches B	Crutches F
2	Swing - through	Swing - through
cha-cha-cha		

41

Cha-Cha--Turn and Chase (Wheelchairs)

Starting Position

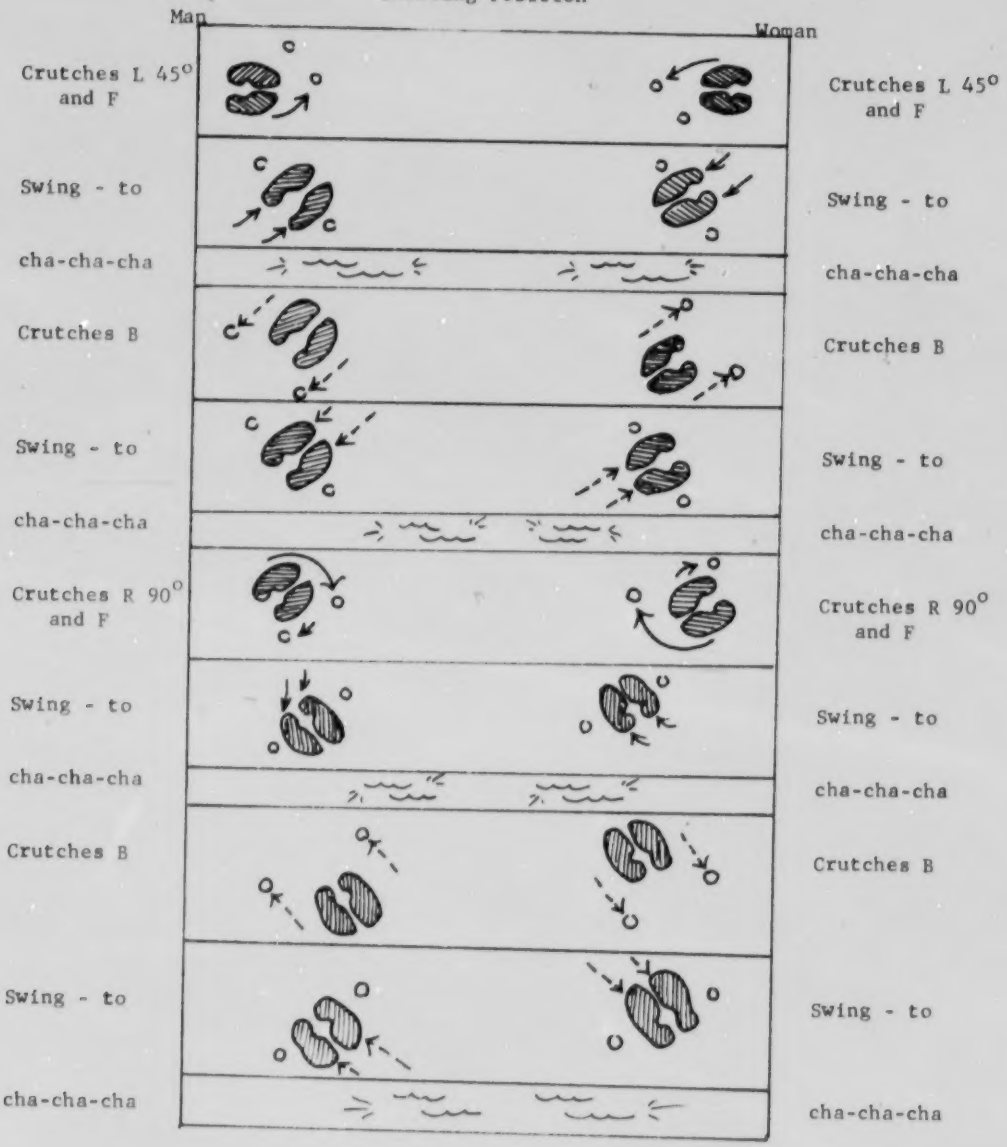



Turn R 90°
Turn L 90°
F-F-F
B-B-B
Turn R 90°
Turn L 90°
Turn R 90°
Turn L 90°
F-F-F
B-B-B

(Counts)	(Man)	(Woman)
BALANCE		
1	Crutches F	Crutches B
2	Crutches return	Crutches return
cha-cha-cha		
1	Crutches B	Crutches F
2	Crutches return	Crutches return
cha-cha-cha		
SIDE		
1	Crutches L	Crutches R
2	Swing - to	Swing - to
cha-cha-cha		
1	Crutches R	Crutches L
2	Swing - to	Swing - to
cha-cha-cha		
PARALLEL (see diagram, page 37)		
1	Crutches L 45° and F	Crutches L 45° and F
2	Swing - to	Swing - to
cha-cha-cha		
1	Crutches B	Crutches B
2	Swing - to	Swing - to
cha-cha-cha		
1	Crutches R 90° and F	Crutches R 90° and F
2	Swing - to	Swing - to
cha-cha-cha		
1	Crutches B	Crutches B
2	Swing - to	Swing - to
cha-cha-cha		
PROGRESSIVE		
1	Crutches F	Crutches B
2	Swing - through	Swing - through
cha-cha-cha		
1	Crutches F	Crutches B
2	Swing - through	Swing - through
cha-cha-cha		

Cha-Cha--Parallel (Crutches)

Starting Position



(Counts)	(Man)	(Woman)
CONVERSATION		
1,2	Turn L 90°	Turn R 90°
cha-cha-cha		
1	Crutches F	Crutches F
2	Swing - through	Swing - through
cha-cha-cha		
1	Crutches B	Crutches B
2	Swing - through	Swing - through
cha-cha-cha		
1,2	Turn R 90°	Turn L 90°
	face each other	
cha-cha-cha		
FLIRTATION BREAK		
1	Crutches B	Crutches F
2	Swing - through	Swing - through
cha-cha-cha		
1	Crutches B	Crutches B
2	Swing - through	Swing - through
cha-cha-cha		
1	Crutches F	Crutches F
2	Swing - through	Swing - through
cha-cha-cha		

Rhumba - Wheelchairs

The Rhumba, like the Cha-Cha, is of Cuban origin. Its open and circulating patterns have subtle and flirtatious qualities. The timing is 4/4. Instead of listing counts 1,2,3,4, steps have been marked slow (counts 1 and 2), quick (count 3), quick (count 4). It seems easier to learn it this way.

(Counts)	(Man)	(Woman)

BASIC (see diagram, page 40)

Slow	F and Turn R 45°	B and Turn L 45°
Quick - Quick	F - F	B - B
Slow	B and Turn L 45°	F and Turn R 45°
	face each other	
Quick - Quick	B - B	F - F
Slow	F and Turn L 45°	B and Turn R 45°
Quick - Quick	F - F	B - B
Slow	B and Turn R 45°	F and Turn L 45°
Quick - Quick	B - B	F - F

PARALLEL BREAKS

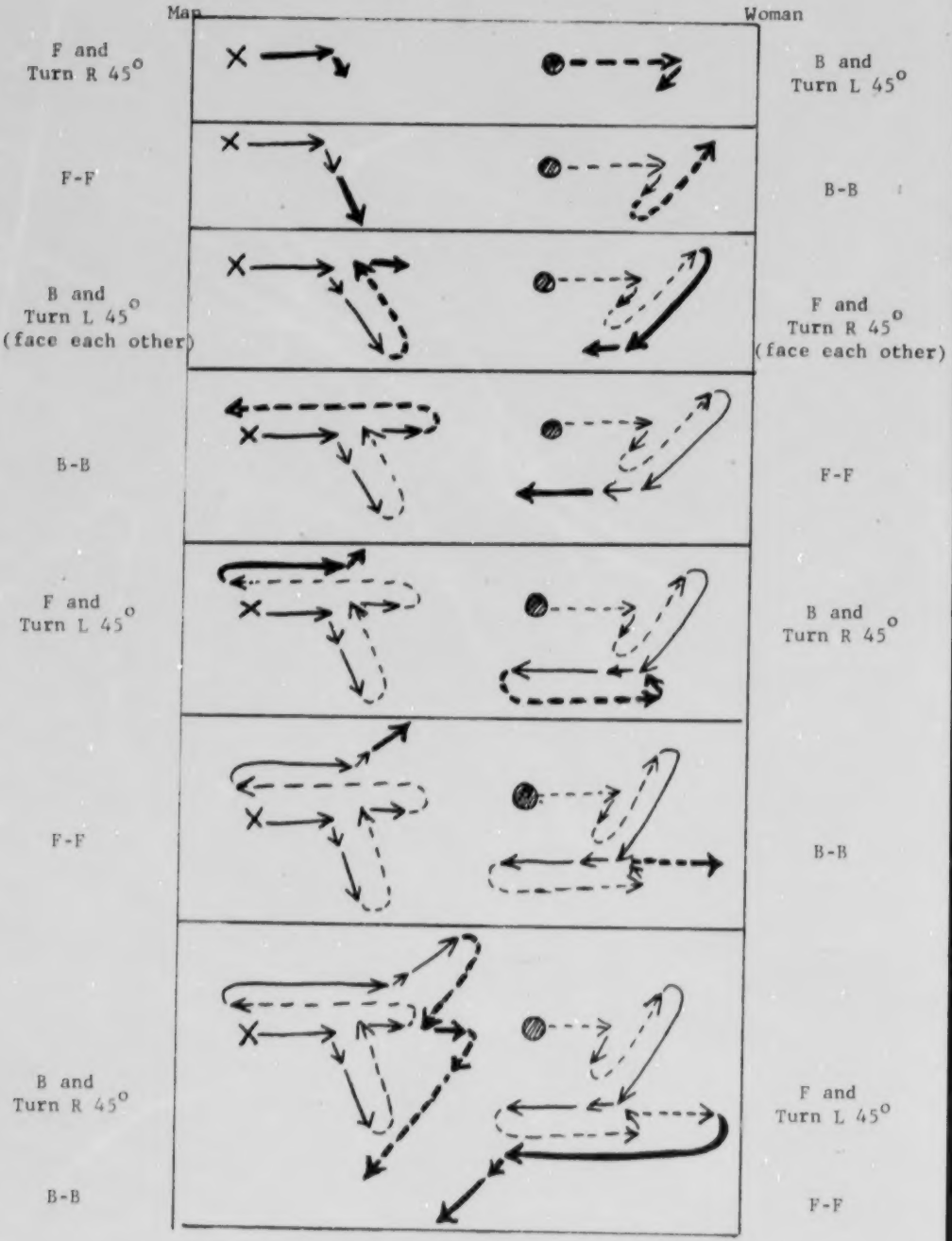
Slow	Turn L 45° and F	Turn L 45° and F
Quick - Quick	F - F	F - F
Slow	B	B
Quick - Quick	Turn R 45°	Turn R 45°
	face each other	
Slow	Turn R 45° and F	Turn R 45° and F
Quick - Quick	F - F	F - F
Slow	B	B
Quick - Quick	Turn 45° L	Turn 45° L
	face each other	

TURN TOGETHER - 4 parts (see diagram, page 41)

Slow	Turn L 90°	Turn R 90°
Quick - Quick	B - B	B - B
Slow	Turn L 90°	Turn R 90°
Quick - Quick	F - F	F - F
Slow	Turn L 90°	Turn R 90°
Quick - Quick	B - B	B - B
Slow	Turn L 90°	Turn R 90°
Quick - Quick	F - F	F - F
	face each other	

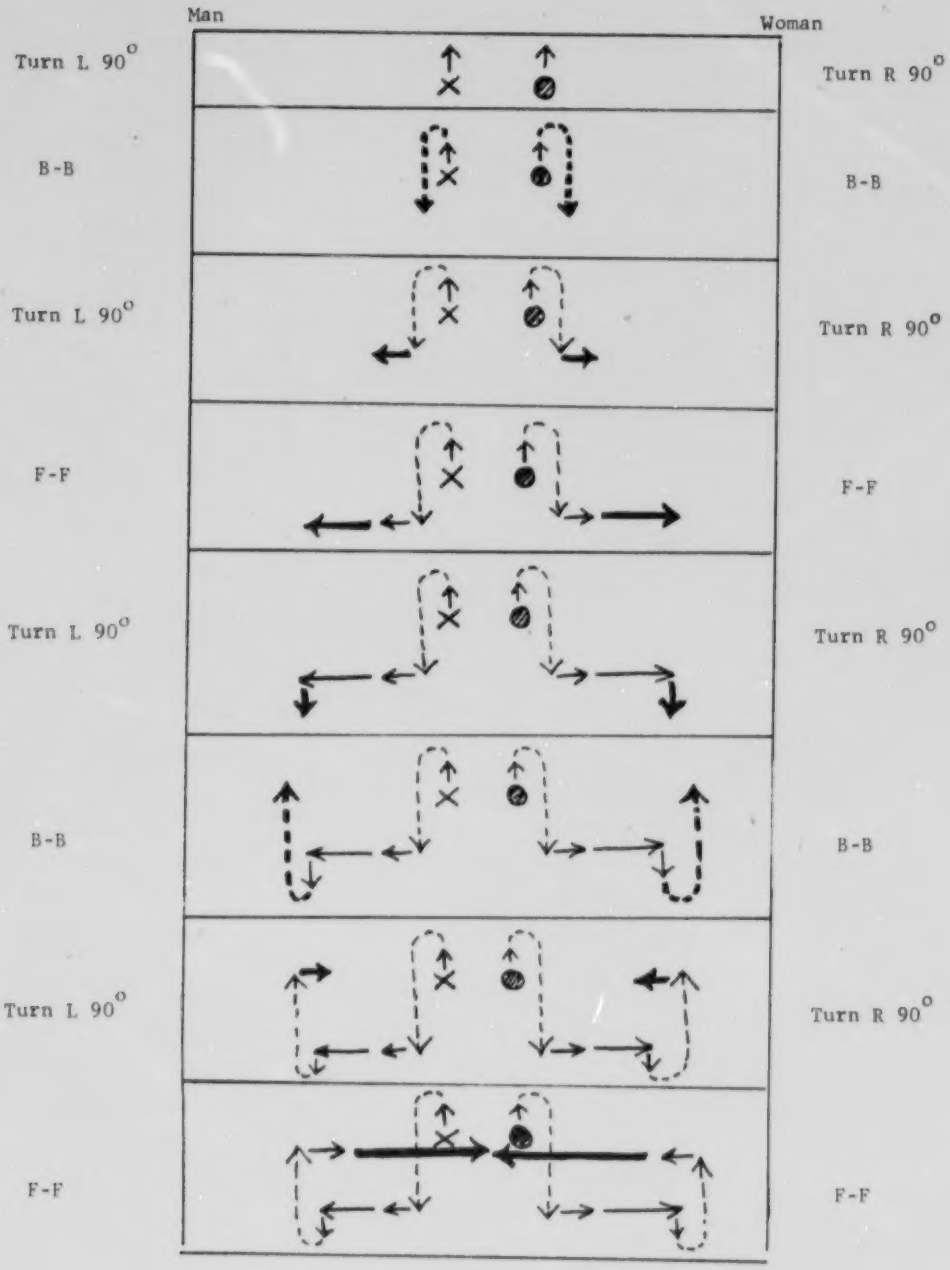
Rhumba--Basic (Wheelchairs)

Starting Position



Rhumba--Turn Together (Wheelchairs)

Starting Position



(Counts)	(Man)	(Woman)
FLIRTATION BREAK		
Slow	B	F
Quick - Quick	B - B	F - F
Slow	B	B
Quick - Quick	B - B	B - B
Slow	F	B
Quick - Quick	F - F	B - B
Slow	F	F
Quick - Quick	F - F	F - F
CONVERSATION		
Slow	Turn L 90°	Turn R 90°
Quick - Quick	F - F	F - F
Slow	F	F
Quick - Quick	F - F	F - F
Slow	B	B
Quick - Quick	B - B	B - B
Slow	F	F
Quick - Quick	Turn R 90° face each other	Turn L 90°

Rhumba - Crutches

This dance must be done in half-time.

BASIC: BOX STEP

Slow	Crutches F Swing - through	Crutches B Swing - through
Quick	Crutches R Swing - to	Crutches L Swing - to
Quick	Crutches R Swing - to	Crutches L Swing - to
Slow	Crutches B Swing - through	Crutches F Swing - through
Quick	Crutches L Swing - to	Crutches R Swing - to
Quick	Crutches L Swing - to	Crutches R Swing - to

(Counts)	(Man)	(Woman)
PARALLEL BREAKS (see diagram, pages 44-46)		
Slow	Turn L 45° and	Turn L 45° and
	Crutches F	Crutches F
	Swing - through	Swing - through
Quick	Crutches F	Crutches F
	Swing - to	Swing - to
Quick	Crutches F	Crutches F
	Swing - to	Swing - to
Slow	Crutches B	Crutches B
	Swing - through	Swing - through
Quick	Crutches B	Crutches B
	Swing - to	Swing - to
Quick	Crutches B and	Crutches B and
	Turn R 90°	Turn R 90°
	Swing - to	Swing - to
Slow	Crutches F	Crutches F
	Swing - through	Swing - through
Quick	Crutches F	Crutches F
	Swing - to	Swing - to
Quick	Crutches F	Crutches F
	Swing - to	Swing - to
Slow	Crutches B	Crutches B
	Swing - through	Swing - through
Quick	Crutches B	Crutches B
	Swing - to	Swing - to
Quick	Crutches B and	Crutches B and
	Turn L 45°	Turn L 45°
	Swing - to	Swing - to
	face each other	

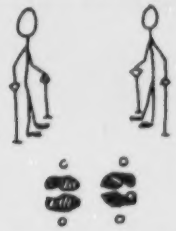
SINGLE TURN

As the man does the basic box step, the woman takes 16 counts -- four measures in 4/4 time -- to turn completely around in place; she turns to the right first and may repeat the move to the left.

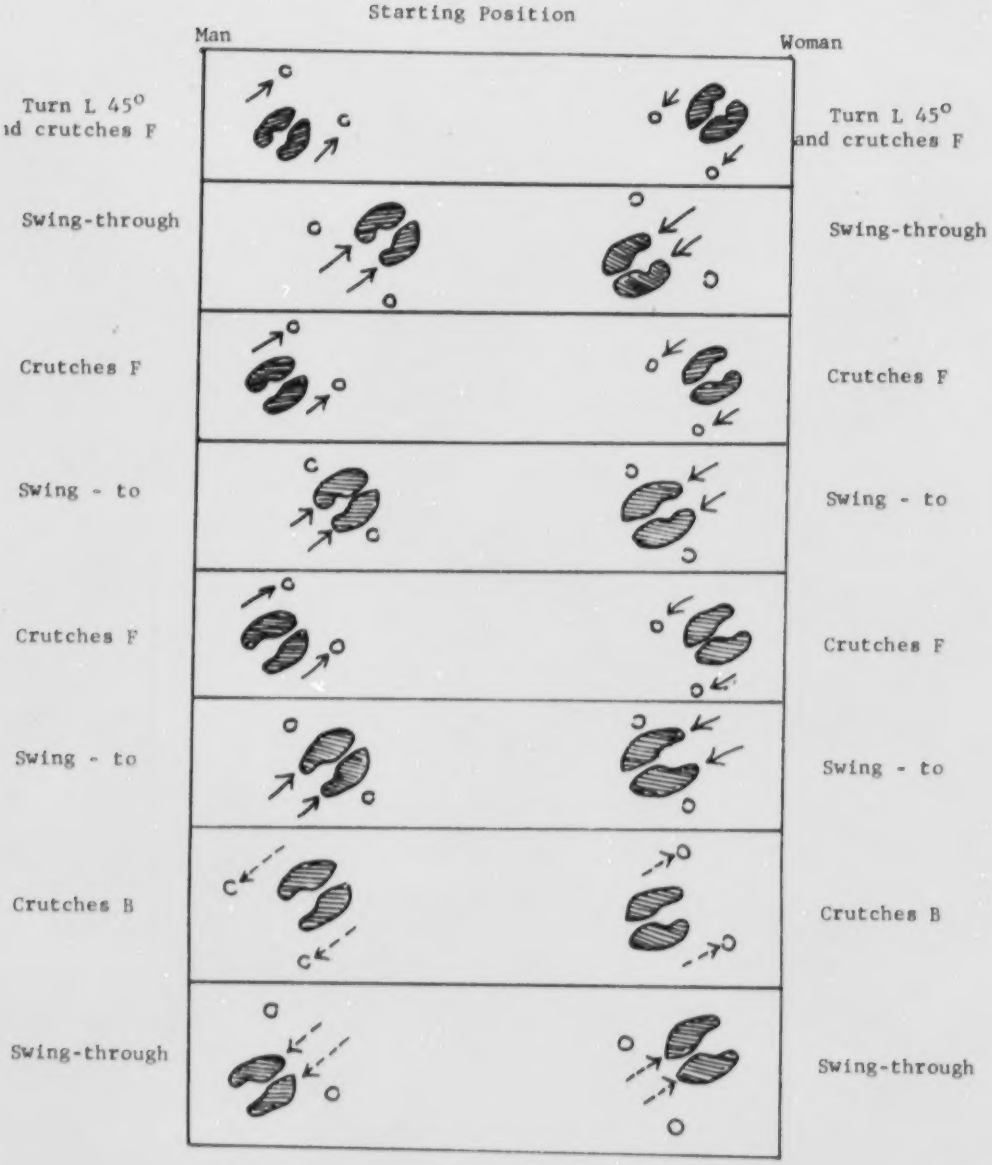
DOUBLE TURN

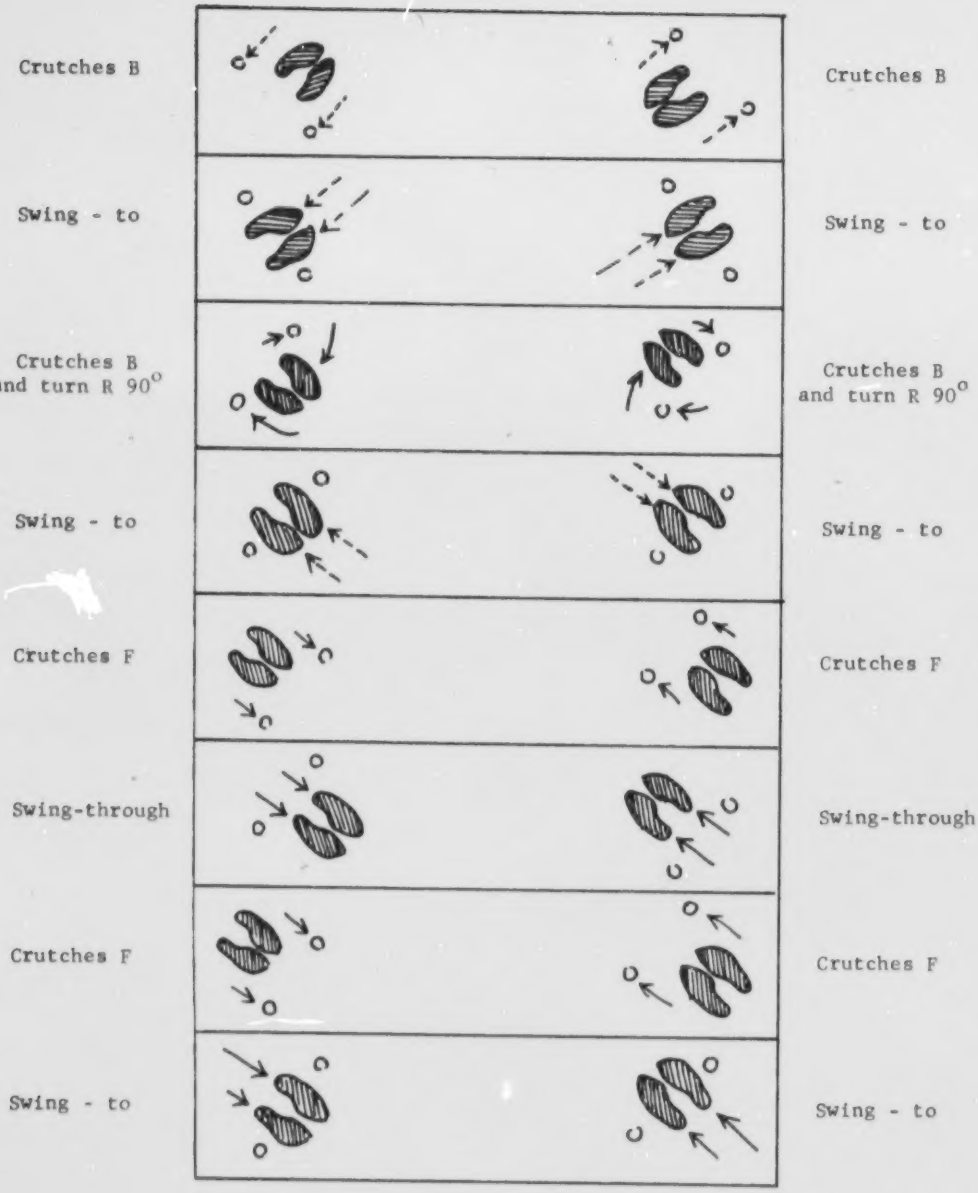
The man and woman turn completely around in place in 16 counts; the man goes to his left, the woman to her right. The move may be repeated in opposite directions.

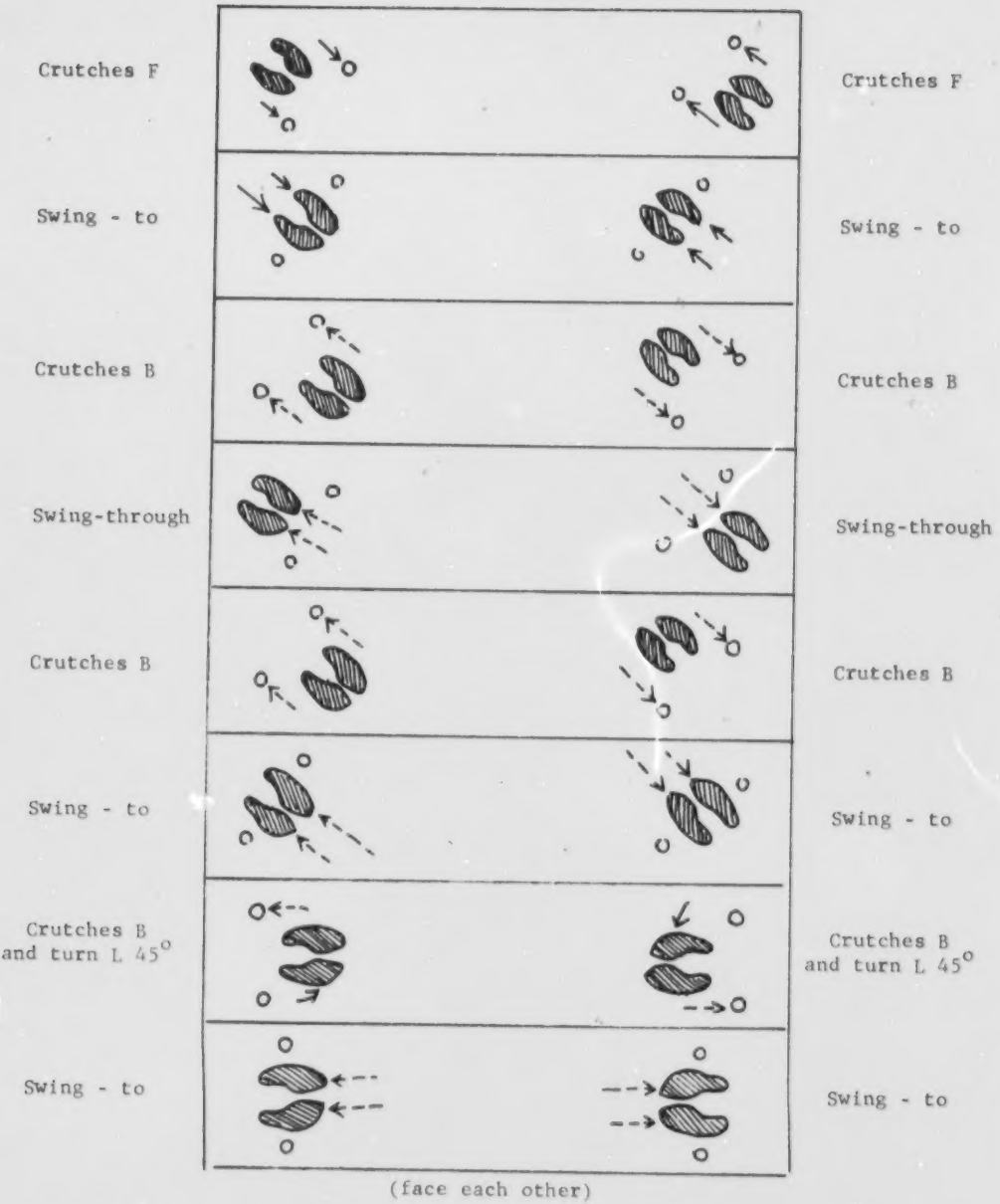
Rhumba--Parallel Breaks (Crutches)



Starting Position




Crutches B
Crutches B
Swing - to
Swing - to
Crutches B and turn R 90°
Crutches B and turn R 90°
Swing - to
Swing - to
Crutches F
Crutches F
Swing-through
Swing-through
Crutches F
Crutches F
Swing - to
Swing - to


Crutches F
Crutches F
Swing - to
Swing - to
Crutches B
Crutches B
Swing-through
Swing-through
Crutches B
Crutches B
Swing - to
Swing - to
Crutches B and turn L 45°
Crutches B and turn L 45°
Swing - to
Swing - to
(face each other)

(Counts)	(Man)	(Woman)

FLIRTATION BREAK

Slow	Crutches F	Crutches B
	Swing - through	Swing - through
Quick	Crutches F	Crutches B
	Swing - to	Swing - to
Quick	Crutches F	Crutches B
	Swing - to	Swing - to
Slow	Crutches B	Crutches B
	Swing - through	Swing - through
Quick	Crutches B	Crutches B
	Swing - to	Swing - to
Quick	Crutches B	Crutches B
	Swing - to	Swing - to
Slow	Crutches F	Crutches B
	Swing - through	Swing - through
Quick	Crutches F	Crutches B
	Swing - to	Swing - to
Quick	Crutches F	Crutches B
	Swing - to	Swing - to
Slow	Crutches F	Crutches F
	Swing - through	Swing - through
Quick	Crutches F	Crutches F
	Swing - to	Swing - to
Quick	Crutches F	Crutches F
	Swing - to	Swing - to

FIRST POSITION BREAK

Slow	Crutches F	Crutches B
	Swing - through	Swing - through
Quick	Crutches F	Crutches B
	Swing - to	Swing - to
Quick	Crutches F	Crutches B
	Swing - to	Swing - to
Slow	Crutches B	Crutches F
	Swing - through	Swing - through
Quick	Crutches B	Crutches F
	Swing - to	Swing - to
Quick	Crutches B	Crutches F
	Swing - to	Swing - to
Slow	Crutches L	Crutches R
	Swing - to	Swing - to
Quick	Crutches L	Crutches R
	Swing - to	Swing - to
Quick	Crutches L	Crutches R
	Swing - to	Swing - to
Slow	Crutches R	Crutches L
	Swing - to	Swing - to

(Counts)	(Man)	(Woman)
Quick	Crutches R	Crutches L
	Swing - to	Swing - to
Quick	Crutches R	Crutches L
	Swing - to	Swing - to

CONVERSATION

Slow	Turn L 90° and Crutches F	Turn R 90° and Crutches F
	Swing - through	Swing - through
Quick	Crutches F	Crutches F
	Swing - to	Swing - to
Quick	Crutches F	Crutches F
	Swing - to	Swing - to
Slow	Crutches F	Crutches F
	Swing - through	Swing - through
Quick	Turn R 45°	Turn L 45°
	Swing - to	Swing - to
Quick	Turn R 45°	Turn L 45°
	Swing - to	Swing - to
	face each other	

Tango

Tango - Wheelchairs

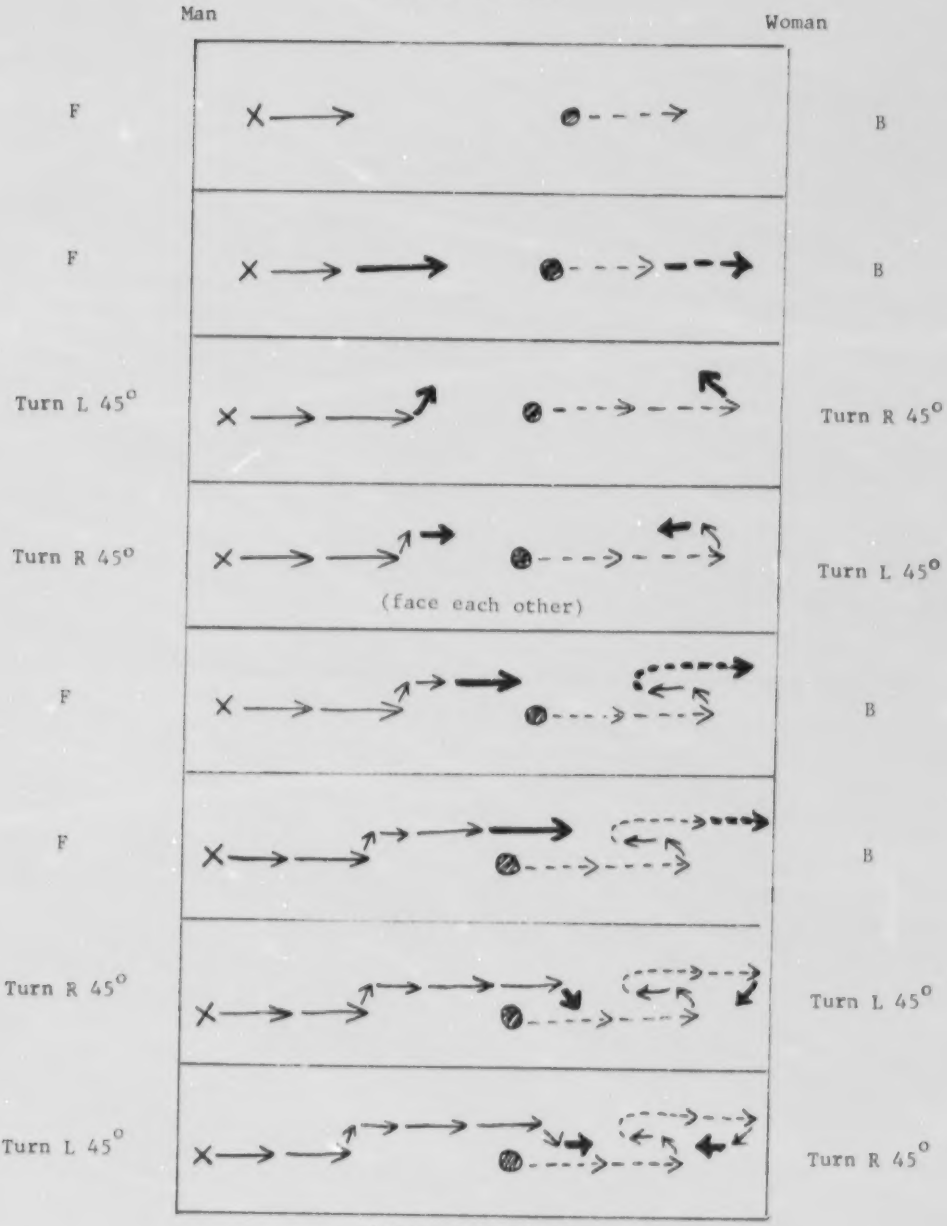
The Tango is a very sensuous dance of Argentinian origin; however, the American version comes from Paris. It is the most difficult dance to do in wheelchairs. Timing is 4/4; it has been marked slow (count 1), slow (count 2), Tango-close (counts 3 and 4).

BASIC (see diagram, page 49)

Slow	F	B
Slow	F	B
Tango (quick-quick)	Turn L 45°	Turn R 45°
Close	Turn R 45°	Turn L 45°
	face each other	
Slow	F	B
Slow	F	B
Tango	Turn R 45°	Turn L 45°
Close	Turn L 45°	Turn R 45°
	face each other	

Tango--Basic (Wheelchairs)

Starting Position



5

(Counts)	(Man)	(Woman)

PARALLEL (see diagram, pages 51-52)

Slow	Turn L 45° and F	Turn L 45° and F
Slow	F	F
Tango	Turn R 45°	Turn R 45°
Close	Turn L 45°	Turn L 45°
Slow	B	B
Slow	B	B
Tango	Turn R 90°	Turn R 90°
Close	Turn L 45°	Turn L 45°
	face each other	
Slow	Turn R 45° and F	Turn R 45° and F
Slow	F	F
Tango	Turn L 45°	Turn L 45°
Close	Turn R 45°	Turn R 45°
Slow	B	B
Slow	B	B
Tango	Turn L 90°	Turn L 90°
Close	Turn R 45°	Turn R 45°
	face each other	

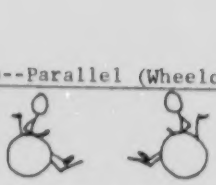
CONVERSATION

Slow	Turn L 90°	Turn R 90°
Slow	F	F
Tango-close	Turn L 180°	Turn R 180°
	about face	
Slow	B	B
Slow	B	B
Tango-close	Turn R 270°	Turn L 270°
	face each other	

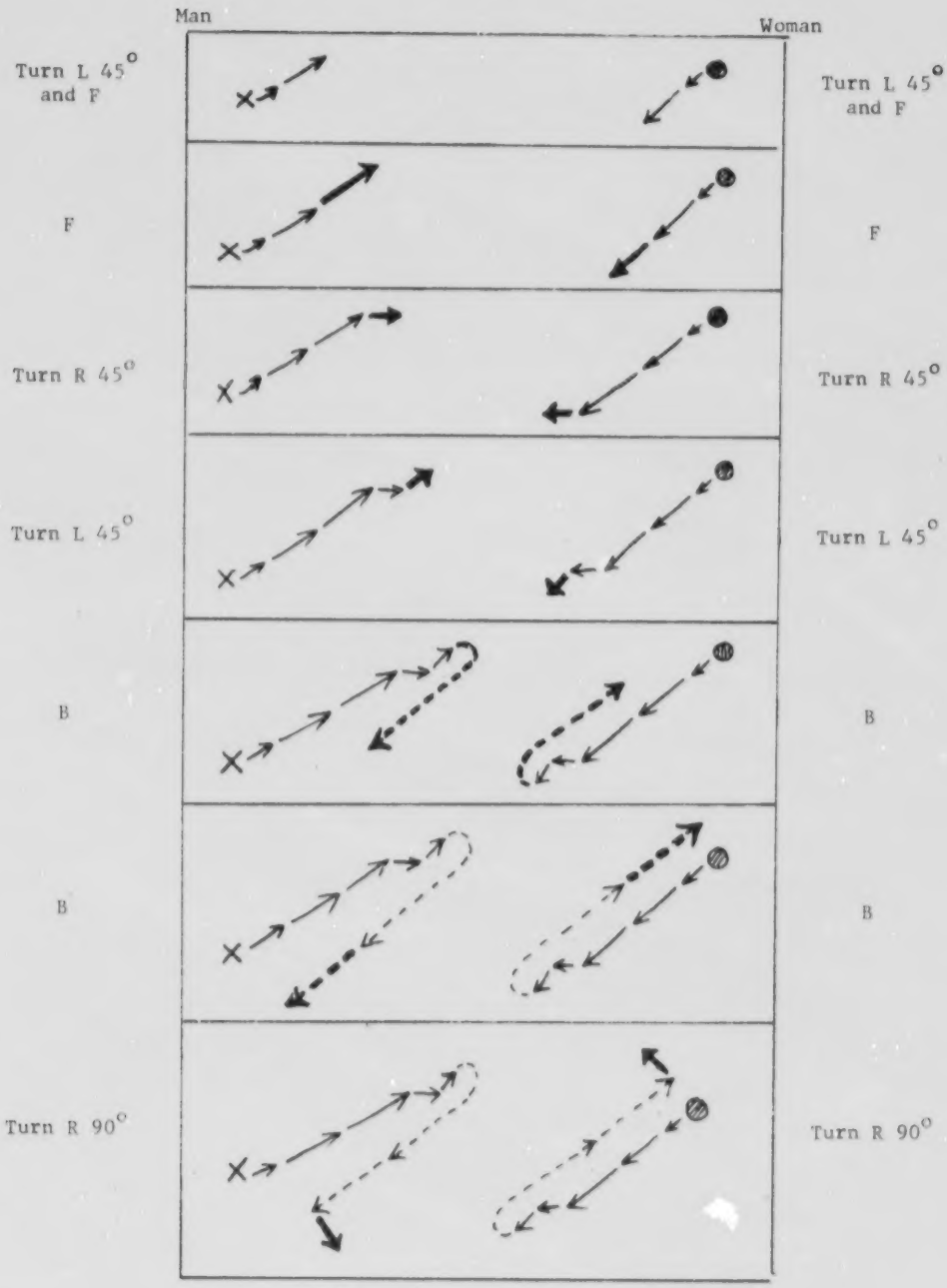
RETURN

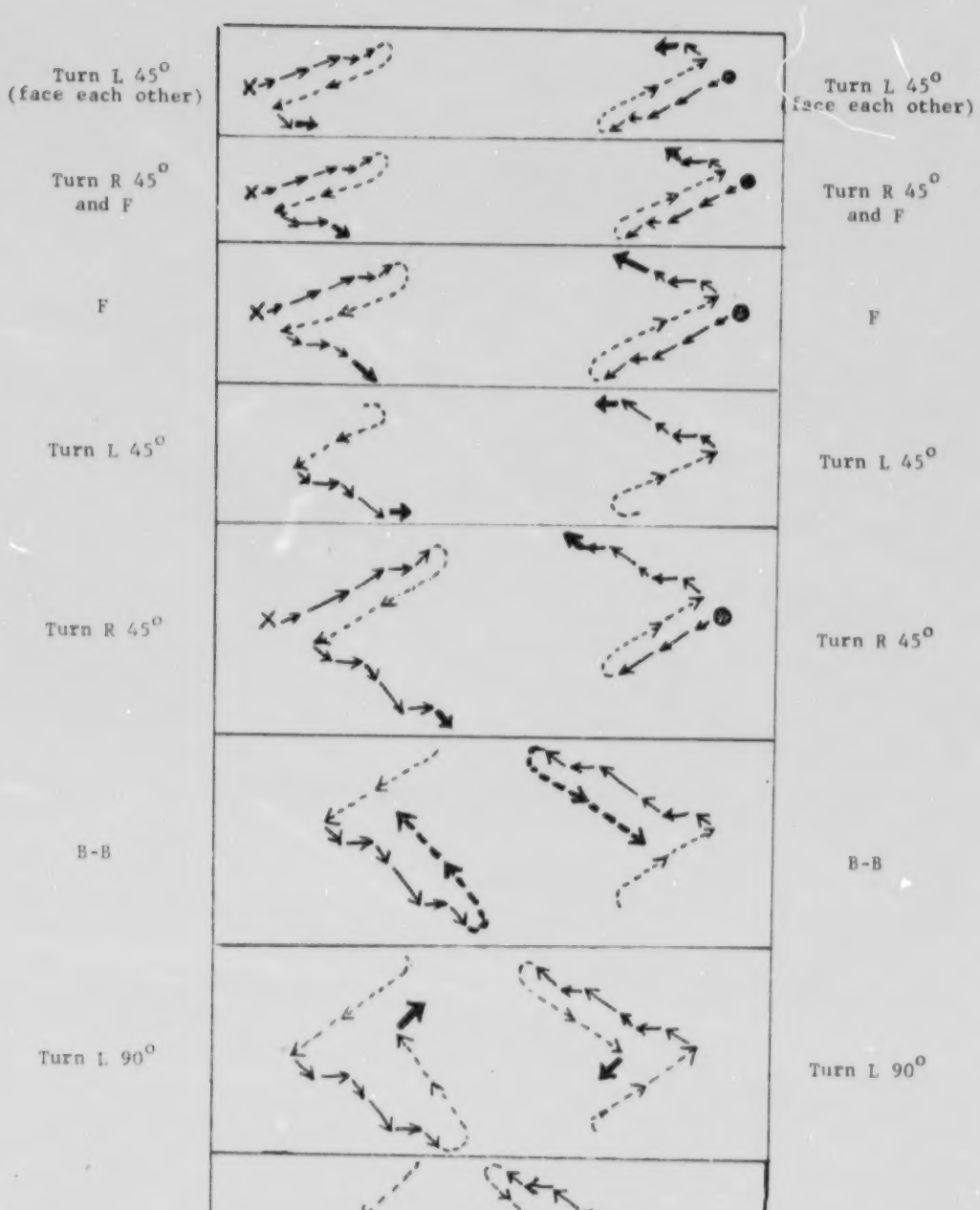
Slow	F	B
Slow	B	F
Tango	Turn L 45°	Turn R 45°
Close	Turn R 45°	Turn L 45°
Slow	B	F
Slow	F	B
Tango	Turn R 45°	Turn L 45°
Close	Turn L 45°	Turn R 45°
	face each other	

Tango--Parallel (Wheelchairs)



Starting Position




Turn L 45°
(face each other)
Turn L 45°
(face each other)
Turn R 45°
and F
Turn R 45°
and F
F
F
Turn L 45°
Turn L 45°
Turn R 45°
Turn R 45°
B-B
B-B
Turn L 90°
Turn L 90°
Turn R 45°
Turn R 45°
(face each other)

(Counts)	(Man)	(Woman)

ROCK - ROCK I (see diagram, page 54)

Slow	F	B
Slow	F	B
Tango	Turn L 90°	Turn L 90°
Close	Turn R 45°	Turn R 45°
Slow	F	B
Slow	F	B
Tango	Turn R 135° (90 + 45)	Turn R 135° (90 + 45)
Close	Turn L 45°	Turn L 45°
Slow	F	B
Slow	F	B
Tango	Turn L 135°	Turn L 135°
Close	Turn R 90° face each other	Turn R 90°

ROCK - ROCK II

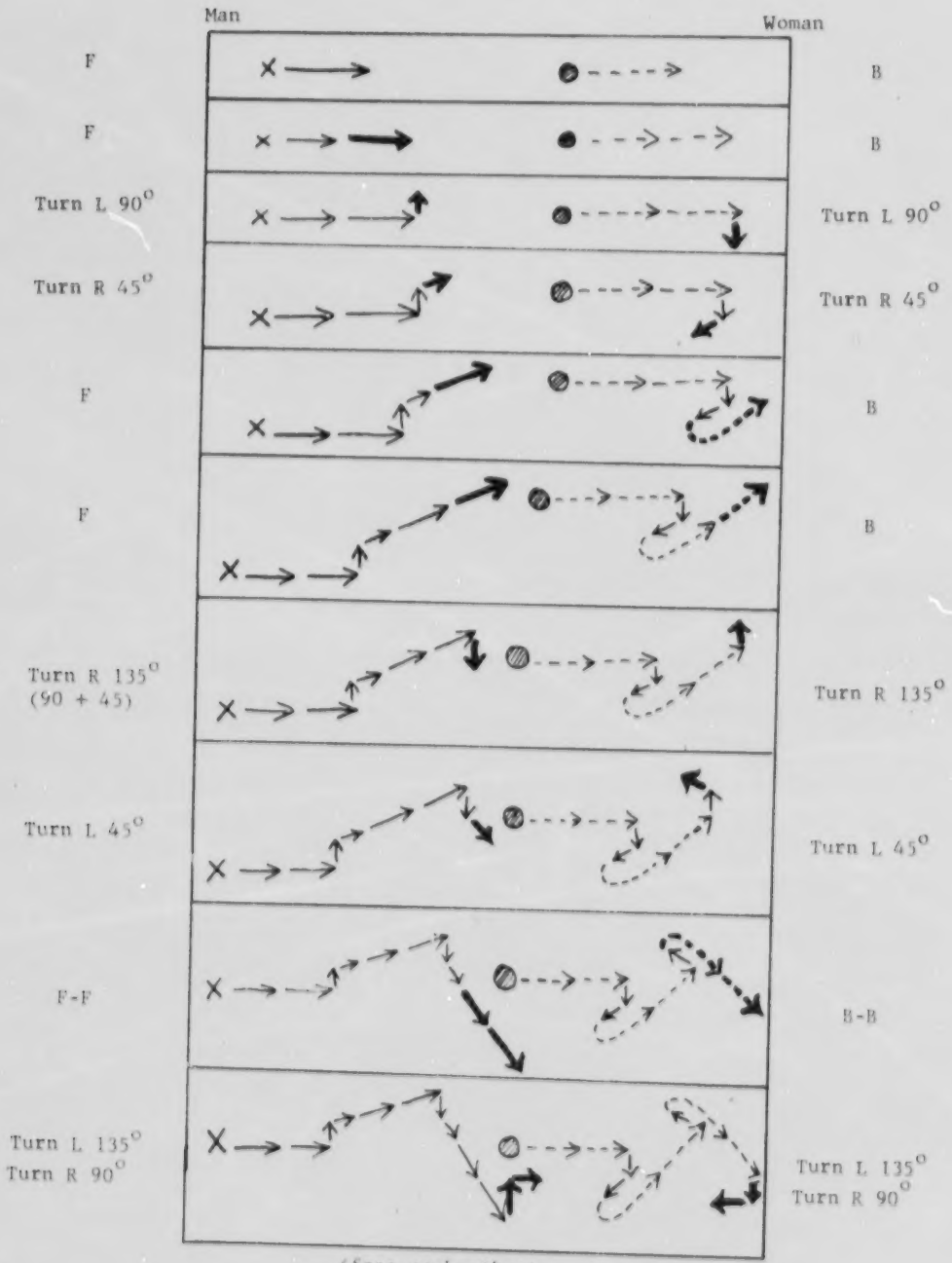
This is the same as Rock - Rock I, except the man moves forward on the first slow, backward on the second; the woman moves backward on the first slow, forward on the second; tango-close movements are the same.

Tango - Crutches

This dance has been omitted for those on crutches since it is too boring to be done safely and too dangerous to be done otherwise.

Tango--Rock I (Wheelchairs)

Starting Position



(face each other)

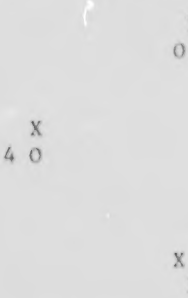
SQUARE DANCE

Square dancing is a form of folk dancing popularized in the United States. A square dance is any set dance in which dancers are arranged to form a hollow square; circle and line formations are also used in square dance.

Terms Used in Square Dancing

THE SQUARE

This consists of eight people, four couples. The lady stands on her partner's right; couples are designated 1, 2, 3, 4.



X = gentleman 0 = lady

Couples 1 and 3 are the head couples; 2 and 4 are the sides.

Couples 1 and 3 are opposites; 2 and 4 are opposites.

The lady on the gentleman's left is his corner; the gentleman on the lady's right is her corner.

HONORS

This is a pleasant acknowledgement of your partner or whomever the caller may specify, such as your corner. Couples simply bow their heads to each other. A slight tilt of the head to either side gives the move a little more style.

FORWARD AND BACK

Dancers move forward, usually for four counts, and then back again returning to the place from which they started.

CIRCLE RIGHT AND LEFT

In a circle formation, dancers turn and face right -- Circle Right -- and move counterclockwise around the circle. Or dancers turn and face left -- Circle Left -- and move clockwise around the circle.

COUPLE PROMENADE

Partners move counterclockwise around the square, the lady on the gentleman's right. The promenade may be all the way around the square or halfway depending on the call.

ALLEMANDE RIGHT

Turn and face your partner. Move in a clockwise circle with right sides together; return to original positions.

ALLEMANDE LEFT

Turn and face your corner. Move in a counterclockwise circle with left sides together. This is usually followed by a Weave The Ring.

WEAVE THE RING

The ladies move clockwise, the gentlemen counterclockwise. From an Allemande Left, pass right shoulders with your partner, left shoulders with the next dancer, right with the next and so on until you meet your original partner or a new partner, depending on the call.

LADIES' CHAIN

Two opposite ladies move straight across the square to their opposite gentlemen; they are turned with a Courtesy Turn.

COURTESY TURN

While the two ladies are moving across the square, the gentlemen move into their partners' position and turn to face the outside of the square. The opposite lady approaches her opposite gentleman's right side and together they turn counterclockwise -- the woman moves forward, the man backward -- until they are facing the inside of the square.

LADIES' GRAND CHAIN - (FOUR LADIES' CHAIN)

All four ladies move to the center of the square and in a clockwise circle with their right shoulders facing inward; each is generally courtesy turned by her opposite man.

RIGHT HAND STAR - (LEFT HAND STAR)

This is done by the gentlemen or the ladies. Whoever are designated move into the center, with their right (left) shoulders facing inward, and move forward clockwise (counterclockwise) around in a circle until they reach their original positions.

DO SA DO

Two dancers face each other, move forward passing right shoulders, then to their right, and then backwards passing left shoulders; returning to original positions.

PASS THRU

Facing couples move through each other, passing right shoulders with opposites. This may be followed by a Clover Leaf; if directed to turn back, the lady turns to her left, the gentleman to his right.

CLOVER LEAF

Following a Pass Thru, the gent turns to his left, the lady to her right and move around the next dancer in line, into the center of the square. Pass Thru again -- the original opposite is now the acting partner -- move between the stationary couple you are facing, gentleman turns left, lady turns right. Move around the corner of the square till you face your partner and square up. You end on the opposite side of the square from where you started.

GRAND SQUARE

This movement looks very complicated, but is easy once everyone knows where they are going: (see diagram, pages 59-60)

(Counts)

1-3	Heads move F
4	Turn and face partner
5-7	Heads move B
8	Turn and face opposite
9-11	Heads move B
12	Turn and face partner
13-15	Heads move F
16	Hold
1-3	Heads move B
4	Turn and face opposite
5-7	Heads move F
8	Turn and face partner
9-11	Heads move F

(Counts)

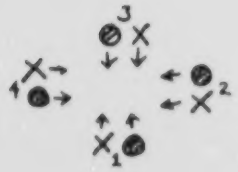
12	Turn and face opposite
13-16	Move B to original position

Sides do the same movement pattern, but they begin facing their partners and do the second set of 16 counts first, then do the first set of 16 counts. All four couples are in their original square positions when the Grand Square has been completed.

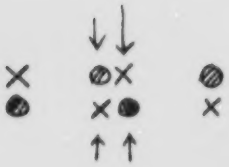
GRAND CIRCLE

Dancers are in two circles, the ladies on the inside, the gentlemen on the outside; ladies move clockwise, the gents counterclockwise. Dancers move all the way around the circle until they return to their original positions.

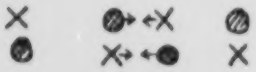
Grand Square



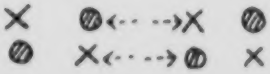
The Square
(beginning formation)



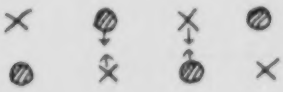
Heads move F



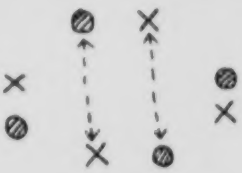
Turn and face partner



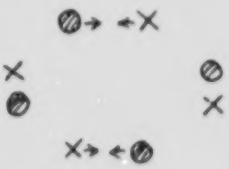
Heads move B



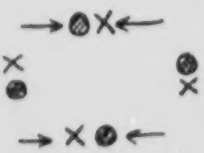
Turn and face opposite



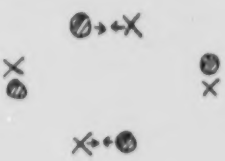
Heads move B



Turn and face partner

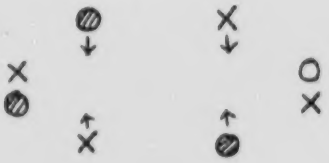


Heads move F

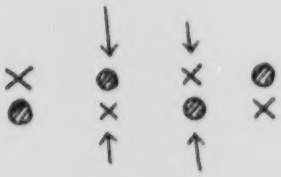


Hold

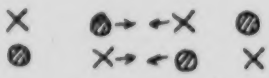
Heads move B



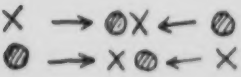
Turn and face opposite



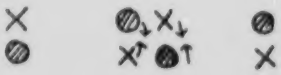
Heads move F



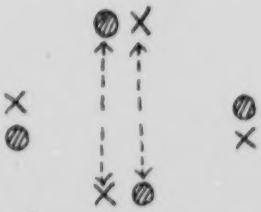
Turn and face partner



Heads move F



Turn and face opposite



Move B to original position

The following pages include three square dances, the words of which have been put to the music of You Are My Sunshine, the Coca-Cola Theme, and Michael, Row Your Boat Ashore, respectively. If extra time is needed for dancers to complete their moves, the popular verse of the songs can be sung by all after the calling verse is finished.

YOU ARE MY SUNSHINE

(see diagram for * and + moves, page 62)

Allemande left now, your corner lady
And pass right shoulders with your own
Grand circle ladies are on the inside
And the gents, you meet them back home.

Shout: Couple #1 lead to the right (to couple #2)

* Around that couple and give a little stare
Back to the center and circle your chair
Back to the couple and stare once more, and
Back to the center and circle all four.

Shout: Lead on to the next (to couple #3) and repeat *

Shout : Lead on to the next (to couple #4) and repeat *

\+ Back home you are --, and allemande left now
And pass right shoulders with your own
Grand circle ladies are on the inside
And the gents,you meet them back home.

Shout: Couple #2, lead to the right (to couple #3) and repeat *
(to couple #4) and repeat *
(to couple #1) and repeat *

After couple #2 finishes with couple #1, repeat +

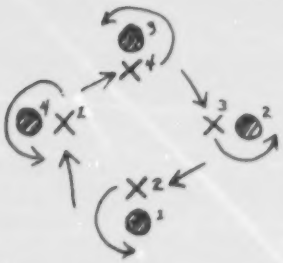
Shout: Couple #3, lead to the right (to couple #4) and repeat *
(to couple #1) and repeat *
(to couple #2) and repeat *

After couple #3 finishes with couple #2, repeat +

Shout: Couple #4, lead to the right (to couple #1) and repeat *
(to couple #2) and repeat *
(to couple #3) and repeat *

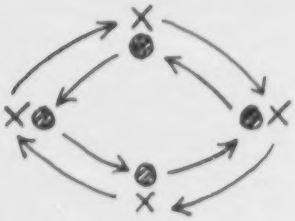
After couple #4 finishes with couple #3, repeat +

Square Dance--You Are My Sunshine

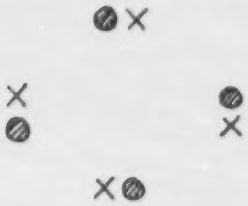


Allemande left now,
your corner lady (+)

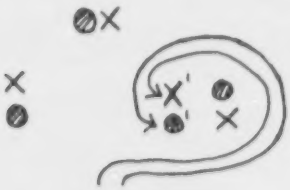
And pass right shoulders
with your own (+)



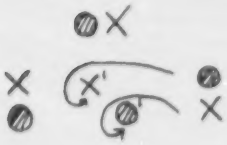
Grand Circle, ladies are
on the inside (+)



And the gents, you meet
them back home (+)

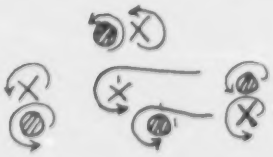


Couple #1 lead to the right.
Around that couple and
Give a little stare (*)



Back to the center and
Circle your chair (*)

Back to the couple
and stare once more (*)



Back to the center
and circle all four (*)

Repeat * and + moves as
indicated on instructions (page 61)

COCA COLA THEME

(see diagram, page 64)

I'd like to teach you how to swing
In perfect harmony
We'll do a dance in your-own wheelchair
Called T R S wow-eee.

* First couple lead across the hall
Divide the square in two
Then circle 'round the outside ring
Back home and then you're through.

\+ Then allemande left your corner girl
Right back to your own
Circle the ring all the way around
Until you're right back home.

Second couple, repeat * and +

Third couple, repeat * and +

Fourth couple, repeat * and +

And now we've taught you how to do
The T R S wow-eee
Let's do it every week to see
How fun it all can be.

It's the real thing
It's the way it should be
It's what we like to see
T R S wow-eee!

MICHAEL, ROW YOUR BOAT ASHORE

(see diagram, page 65)

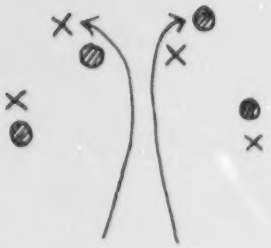
Shout: Honor your partner. Honor your corner.

Allemande left your corners all. Alleluia
Then it's right back to your own. Alleluia
Ladies form a left hand star. Alleluia
Now it's gents with a right hand star. Alleluia

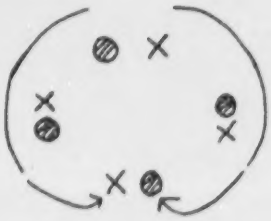
Then it's ladies forward and back. Alleluia
Now it's gents forward and back. Alleluia

Allemande left your corners all. Alleluia
Then it's right back to your own. Alleluia
Now a grand chain (weave the ring) around the hall. Alleluia
Then it's right back to your home. Alleluia

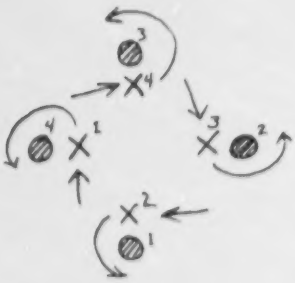
Square Dance--Coca Cola Theme



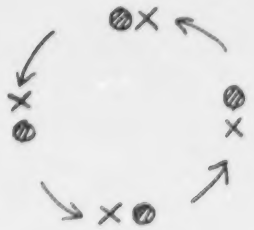
First couple lead across the hall
Divide the square in two (*)



Then circle 'round the outside ring
Back home and then you're through (*)



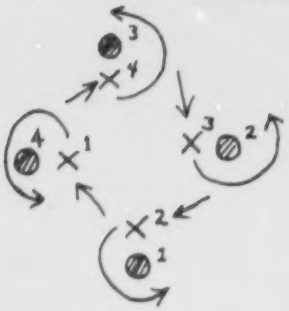
Then allemande left your
corner girl (+)



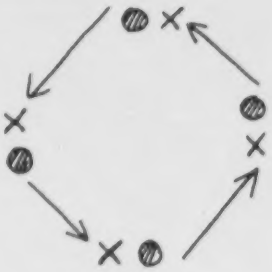
Right back to your own (+)

Repeat * and + moves as indicated
on instructions (page 63)

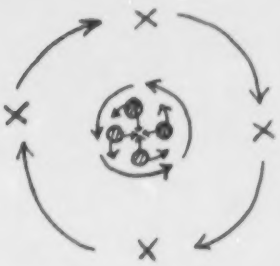
Square Dance--Michael, Row Your Boat Ashore



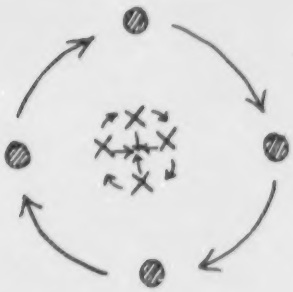
Allemande left your corners all



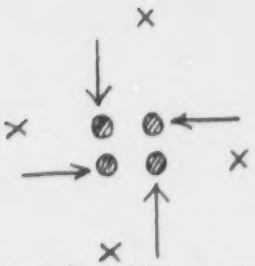
Then it's right back to your own



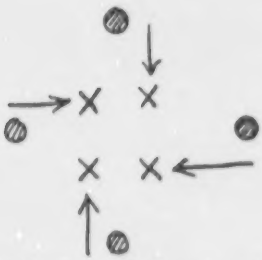
Ladies form a left hand star



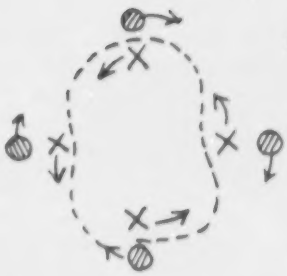
Now it's gents with a right hand star



Then it's ladies forward and back



Now it's gents forward and back



Now a grand chain (weave the ring) around the hall

FOLK DANCE

Folk dance is widely regarded as the easiest form of dance to introduce with large groups of physically handicapped persons who are inexperienced dancers. These dances do not require partners, demand only simple skills, and involve individuals of every age. Because of the ease with which these dances can be taught, no diagrams are provided in this section.

Alley Cat - Wheelchairs

The Alley Cat is a very simple American folk dance. It is done here in half-time; the men and women do all the same steps. The dance is done in a straight line.

(Counts)	(Dancers)
1,2 (1)	Turn R 45°
3,4 (2)	Turn L 45°
5,6 (3)	Turn R 45°
7,8 (4)	Turn L 45°
1,2 (1)	Turn L 45°
3,4 (2)	Turn R 45°
5,6 (3)	Turn L 45°
7,8 (4)	Turn R 45°
1,2 (1)	B
3,4 (2)	F
5,6 (3)	B
7,8 (4)	F
1,2 (1)	Turn R 45°
3,4 (2)	Turn R 45°
5,6 (3)	Rest
7,8 (4)	Clap

Alley Cat - Crutches

1,2 (1)	Crutches R, swing - to
3,4 (2)	Crutches R, swing - to
5,6 (3)	Crutches L, swing - to
7,8 (4)	Crutches L, swing - to
1,2 (1)	Crutches L, swing - to
3,4 (2)	Crutches L, swing - to
5,6 (3)	Crutches R, swing - to
7,8 (4)	Crutches R, swing - to
1,2 (1)	Crutches B, swing - to
3,4 (2)	Crutches F, swing - to
5,6 (3)	Crutches B, swing - to
7,8 (4)	Crutches F, swing - to

(Counts)	(Dancers)
1,2 (1)	Turn R 45°, swing - to
3,4 (2)	Turn R 45°, swing - to
5,6 (3)	Rest
7,8 (4)	Clap

Never on Sunday - Wheelchairs

This dance is an elaboration of the Greek Miserlou, but has gained its name as it is popularly done to the music Never on Sunday. The timing is 4/4; however, an entire step takes two measures (eight counts) of music. The dance is done in a circle, all facing counterclockwise. Men and women do the same steps.

(Counts)	(Dancers)
BASIC	
1	B
2	Turn R 45°
3	Turn L 45°
4,5	F
6,7	B
8	Hold

SINGLE TURN - all the men or all the women

DOUBLE TURN - men and women

1	B
2	Turn R 45°
3	Turn L 45°
4,5	F
6,7,8	Turn L 180° (about face)
1	F
2	Turn L 45°
3	Turn R 45°
4,5	B
6,7,8	Turn L 180°

(Counts)	(Dancers)

REVERSE BASIC

1	F
2	Turn R 45°
3	Turn L 45°
4,5	B
6,7	F
8	Hold

SHORT TURN

This can be done singly by a man or woman, with no call.

1	B
2	Turn R 45°
3	Turn L 45°
4,5,6,7,8	Turn L or R, all the way around in place

Never on Sunday - Crutches

BASIC

1	Crutches F
2	Swing - through
3	Crutches F
4	Swing - through
5	Crutches B, swing - to
6	Crutches B, swing - to
7	Crutches F
8	Swing - through

VARIATION R (L)

1	Crutches F
2	Swing - through
3	Crutches F
4	Swing - through
5	Crutches R (L), swing - to
6	Crutches R (L), swing - to
7	Crutches L (R), swing - to
8	Crutches L (R), swing - to

(Counts)	(Dancers)

VARIATION I

1	Crutches F
2	Swing - through
3	Crutches F
4	Swing - through
5	Crutches R, swing - to
6	Crutches L, swing - to
7	Crutches L, swing - to
8	Crutches R, swing - to

Hora - Wheelchairs

The Hora is often considered the Jewish national dance. The circle in which it is performed symbolizes unity for the Jewish people. Dancers, all of whom do the same steps, move in a counterclockwise direction and in half-time.

BASIC

1	Turn L 45° Turn R 45°
2	Turn R 45° Turn L 45°
3	F
4	F

ABOUT FACE

1	Turn L 45°
2	Turn L 45°
3	Turn L 45°
4	Turn L 45°

The basic step is then continued in this clockwise direction until another About Face is called.

CIRCLE LEFT

All dancers turn to the left completely around in place. This takes four or eight counts depending on the ability of the participants; they then continue the basic step.

Hora - Crutches

(Counts)	(Dancers)
BASIC	
1	Crutches L
2	Swing - to
3	Crutches R
4	Swing - to
5	Crutches R
6	Swing - to
7	Crutches L
8	Swing - to
1,2	Crutches F
3,4	Swing - through
5,6	Crutches F
7,8	Swing - through

TURN IN PLACE

Take 16 counts to turn completely around in place, either to the right or to the left.

Bunny Hop - Wheelchairs

This dance is simple and fun. It is an old American stand-by often done at parties and other social gatherings. And it makes a real hit at Easter time!

The Bunny Hop (4/4 time) is done in a straight line, one behind the other, like follow the leader. It is done here in half-time.

1,2 (1)	Turn R 45°
3,4 (2)	Turn L 45° (Face F)
1,2 (3)	Turn L 45°
3,4 (4)	Turn R 45° (Face F)
1,2 (1)	F
3,4 (2)	B
1,2 (3) 3,4 (4)	F - F - F

MODERN DANCE

Modern dance may also be included as a therapeutic recreational activity for physically disabled persons. As previously stated, dance is movement even if it occurs in only one specific, isolated part of the body.

Since there are no rules in modern dance, no specific ways to perform, this division of the art lends itself well to improvisation and creativity which can develop a degree of self-confidence in participants. Often a disabled child is overprotected by his or her parents and could therefore become very shy and introverted. Through expression in dance, the individual may release emotions in ways not possible in other forms of activity. If an individual feels confident in dancing, there is no reason for this experience to be denied because of being in a wheelchair or on crutches.

The slightest movement, if done with feeling, can lead to a sense of accomplishment and success. However, one who leads a dance activity for disabled persons must be sure not to overwhelm participants, expecially those in wheelchairs or on crutches, with intricate patterns that they are physically incapable of performing. If this occurs, the person will not only feel inferior but turn off the activity. The leader must be sure that success is possible and that it is attained frequently. Dance training for physically disabled persons is not a means to an end -- i.e. the professional stage; it is an end in itself -- i.e. a feeling of success -- and may be a means to physical and psychological rehabilitation.

Modern dance can also be used as a learning modality. Stories can be told through dance, definitions of words can be acted out, and different animals can be portrayed. The subject matter that can be covered in a dance is limitless; all one needs is a basic thought and some imagination.

Modern dance can also activate an individual's mind through creativity and expression and the body by developing coordination, muscular strength, and flexibility. It can also promote one's social skills. Dancing in a group with everyone moving together calls for recognition of another's emotions and motions and moving in accordance with these. Dancers learn to interact with one another in socially acceptable ways. They learn to overcome feelings of lonliness and may find strength in this group activity. Modern dance can be a very effective therapeutic recreation activity in both rehabilitation and habilitation processes of physically disabled persons.

A TRIAL CLASS

Recently, we had a wheelchair dance class at The Rehabilitation Hospital of the Pacific, Honolulu, Hawaii. It was great fun and the nine patients who attended had a physically exhausting, mentally stimulating, yet truly good time.

Since the activity is fairly energy consuming, it lasted only an hour. The thought of dancing again sparked patients, who usually do not participate, to attend. Since it was a unique experience, they all questioned, "How are we to dance in wheelchairs?" However, with assurance that it could be done, they arrived; some came basically out of curiosity. There were also two patients on gurneys and they, too, proved that dancing was possible despite a physical disability.

We opened the activity slowly with "Never on Sunday". For teaching purposes the patients remained in a straight line behind me and once the steps were mastered, we did the dance in a circle as it should be done. Constant reminders to keep their movements small were necessary.

We then moved on to the waltz and due to the participants' slowness in moving their chairs, <u>each</u> individual movement was done in three counts. For example, in the box step, the women moved Back-2-3, Turn L-2-3, Forward-2-3, Turn R-2-3, etc. According to the abilities of those involved, the leader can adjust the movements and the timing for each of the individual steps. The box step required a considerable amount of practice before everyone felt truly comfortable with it. Again, I had the patients line up, the women in a line behind me and the men facing us in a line behind one of the male patients.

```
X   X       X   X
        X
        O
O   O       O   O
```

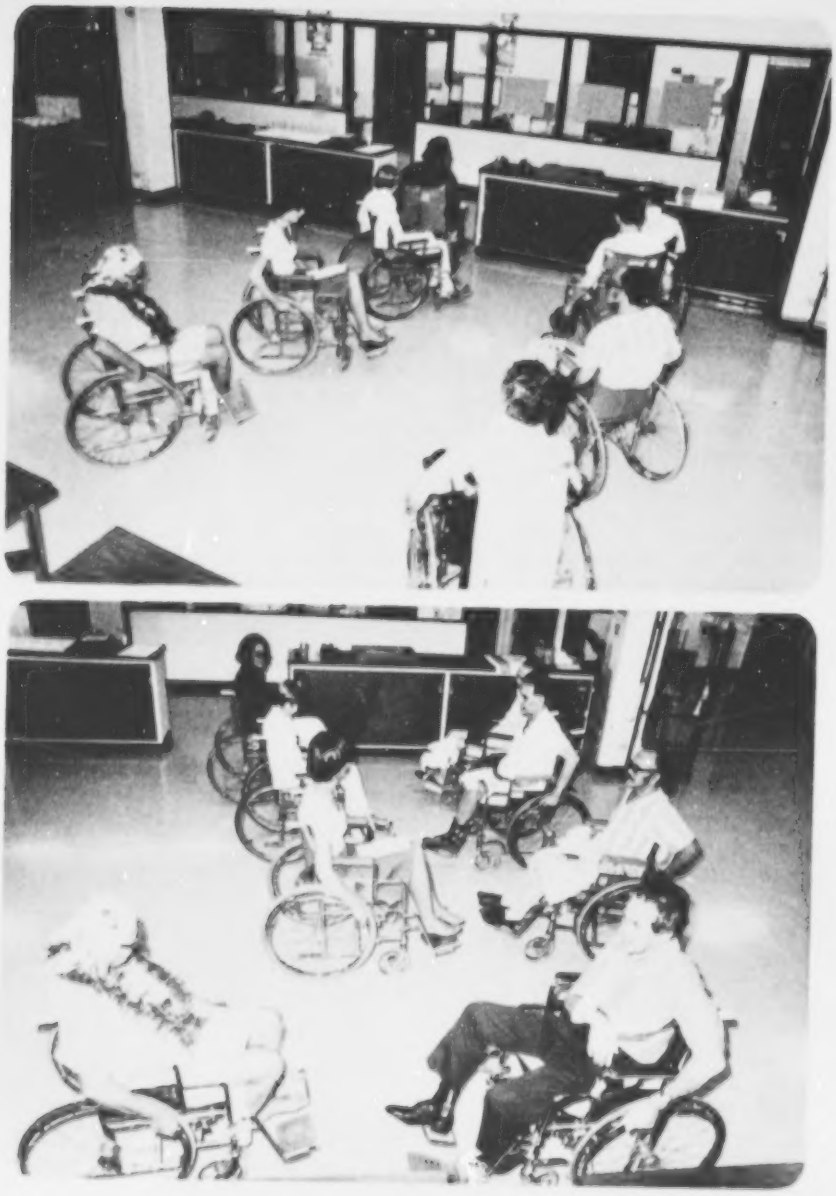
The Cha-Cha was learned next. We needed to change the timing here also, so, on counts 1 and 2 the women moved B, cha-cha-cha, F-2, cha-cha-cha and the men followed accordingly.

The Hora was done as written, with no adjustments.

All-in-all, the activity was truly a success. We have decided to make it a weekly happening here at REHAB!

Before the activity begins, it is strongly suggested that the leaders know their music and the steps. This takes only a few minutes, but makes the activity ever so much more enjoyable. The records I use are the following:

Party Dances (Gateway Records)
The Lester Lanin Dance Album (EPIC)
Arthur Murray's Music for Dancing (RCA Victor)
Dancing In Love (Roper Records)



The teaching line-up for ballroom dances -- the men in a line facing their partners, who are also in a line.

CHA-CHA

CHA-CHA -- CROSSOVER

The Walta --
almost mastered!

The teaching line-up for a circle dance
where men and women do the same steps.

By George, I think they've got it!

GLOSSARY

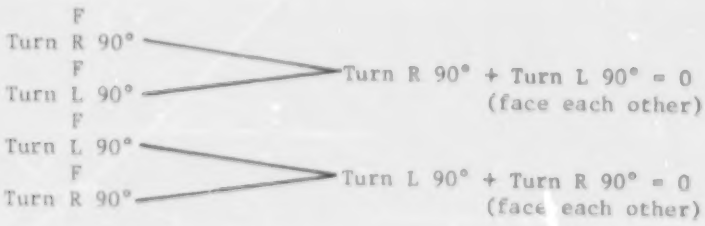
B -- back
F -- forward
4/4 -- four beats to a measure; the first beat is accented
45° -- 1/8 of a complete turn
full-time -- each beat of the music receives one count
half-time -- every two beats of the music receives one count
hold -- no movement
L -- left
90° -- 1/4 of a complete turn
R -- right
swing-through -- place the crutches in front (back) of you, then swing your feet through and place them in front (back) of the crutches
swing-to -- place the crutches in front (back or side) of you, then swing your feet and place them centered between the crutches
3/4 -- three beats to a measure; the first beat is accented
270° -- 3/4 of a complete turn
⟶ -- indicates forward movement in direction of arrow
⇢ -- indicates backward movement in direction of arrow
→ -- (short arrow) indicates a turn in the direction of arrow

MATH LESSON I

Writing turns in numbers of degrees is the easiest done and the easiest read, but for those of you who are not mathematically inclined, let's have an addition lesson in angles and direction.

Turn L 90° + Turn R 90° = 0, i.e., back to where you started from (e.g. facing your partner, facing straight ahead, etc.). Just remember Lx° + Rx° = back to original position.

For example, in the man's part of the Waltz - Box Step (wheelchairs, p. 10) the move is as follows:



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REPRINTS

The following articles have been included in this publication because they (1) provide useful information on dance in general, (2) explore the area of dance as therapy, and (3) deal with dance for persons with physical handicaps. One article deals specifically with dance for persons who use crutches or wheelchairs.

A Report on the Use of Dance In Physical Rehabilitation:

Every Body Has a Right To Feel Good

BERNADETTE HECOX, R.P.T., ELLEN LEVINE, R.P.T.,
and DIANA SCOTT

ON TUESDAY EVENINGS, the waiting room of the department of rehabilitation medicine at St. Luke's Hospital undergoes a metamorphosis. Modern, molded plastic benches are pushed against the walls, becoming ballet barres, and physically handicapped adults in practice clothes dance to the accompaniment of records and drum beat. (The evening group at St. Luke's Hospital is the oldest of the groups to be described, and the one we, the authors, have been primarily involved with.) This scene has been replicated at St. Luke's arthritis clinic on Wednesday at lunchtime. Further uptown, at Columbia-Presbyterian Medical Center, cane-walking and wheelchairbound multiple sclerosis patients "dance" at lunch hour every Monday, while an arthritis group gathers the following day.

Dance, by its very nature physical, lends itself for use as a physical therapy modality. In each instance cited, dance also provides a much-needed outlet for adults whose opportunities for physical recreation and expression are limited. Dancers and therapists who conduct these sessions feel that this modality adds an exciting dimension to rehabilitation. The purpose of this report is to describe the culmination of nearly three years' activity in adapting dance for this use.

Ms. Hecox, who holds an associate appointment on the faculty of Programs in Physical Therapy, College of Physicians and Surgeons, Columbia University, received a B.S. degree in physical therapy at the College of Physicians and Surgeons and an M.A. in dance at Teachers College, Columbia University. She is an active member of the American Physical Therapy Association. She has an extensive background in both performing and educational and dance choreography. She has taught in a private dance studio and in community centers.

Ms. Levine, after studying dance techniques, earned a state certificate in physical therapy from Columbia University. She then worked as staff therapist at the Hospital for Special Surgery in New York City. In June, 1971, she joined the Dance Project in Greece, where she performed as well as taught anatomy to dancers. Ms. Levine currently teaches anatomy and kinesiology at the Dance Notation Bureau in New York City.

Mrs. Scott, who holds an M.A. in anthropology from Teachers College, Columbia University, has studied Haitian-Afro-Caribbean dance and modern dance and in 1971-1972 held a Dance Theater Workshop scholarship. She has taught dance to women at Rikers Island. She currently works as research assistant for the American Bar Association.

History

With the encouragement and sponsorship of Dr. Shyh-Jong Yue (associate clinical professor, rehabilitative medicine, Columbia University, and director, department of rehabilitation medicine, St. Luke's Hospital), four of us* took the initial steps to conduct dance classes for physically handicapped adults in July of 1971. Three physical therapists and an aspiring dancer, we shared a love of movement based on each of our many years of dance training. We also held in common a conviction of the salutary effects of regular dance practice classes on mind and body, and a curiosity concerning its potential usefulness and appeal to people with limited or impaired movement capacity. Dr. Yue wondered, from a medical viewpoint, whether this approach to movement might result in additional gains for certain patients with varied long-term physical handicaps who had completed traditional therapy programs; he wondered, too, which kinds of diagnosis might respond optimally to a dance approach to rehabilitation.

There were a number of obstacles to beginning our classes, many of which persist. Among these, the task of coordinating the available time and energy of four active people, the absence of any special transportation service easily and inexpensively accessible to participants to insure their arrival at St. Luke's at an appointed time with minimum trouble, and the difficulty in obtaining referrals, partly because of transportation needs, are still problems. However, after months of sharing ideas and attempting to overcome these obstacles, we were eager to begin. Space was, therefore, provided on a regular basis at St. Luke's Hospital for a group to meet weekly, and our initial participants were referred by Dr. Yue and his staff.

*The authors and Ruth Haughwout, formerly supervisor of physical therapy students at Columbia University, College of Physicians and Surgeons, now living in England.

We chose to direct our efforts to working with handicapped adults, rather than children, as the outlets for physical recreation of the former group are relatively few. We also chose to restrict our efforts to adults whose primary problem was physical, as much attention has already been given to use of dance in psychotherapy. Regular participants in the Tuesday night group are outpatient adults and volunteer dance and/or therapy students. Ages range from 21 to 55. Mobility within the group ranges from the wheelchairbound to totally independent ambulators. Disabilities include cerebral palsy, multiple sclerosis, stroke, traumatic brain damage, peripheral nerve damage, amputation, and poliomyelitis.

Instead of consisting of one teacher and many students, our class became a rather informal group of professional dancers, physical therapists, handicapped adults, and therapy students. Our handicapped participants expressed enjoyment at moving along-side nonhandicapped visitors. Though we had not anticipated this (in fact, our expectations were the opposite), we incorporated this feature. Leadership of the class alternated among the four of us, first weekly, then monthly.

We feel that this unplanned feature of the group—its diverse composition—has been a definite asset, helping to achieve the goals of our activity. Although initially they were implicit, these goals can now be stated:

1) to improve the handicapped person's attitude toward him- or herself, changing negative attitudes toward the body for what it can't do to pride in what it can do;

2) to provide an enjoyable physical outlet for the person whose need of recreational movement is so often neglected and whose opportunities are few;

3) to improve physical ability, by achieving gains in such areas as strength, coordination, and balance;

4) to improve each participant's functioning in daily life, regardless of whether this reflects physical improvement, increased confidence, loss of self-consciousness, or other psychological/social improvement;

5) to provide an opportunity to the person with a physical handicap to experience with his or her own body—not as a spectator—the art of dance.

After almost three years, we feel that these objectives are for the most part achieved in our weekly sessions. The nature of these sessions will now be described in greater detail.

Our Weekly Classes: Format of Sessions

As dancers, we hold in common the belief that dance is a unique form of physical activity, because it simultaneously involves the individual socially, creatively, expressively, and physically. Thus, movement can be initiated by emphasizing one's strengths, rather than focusing on individual weaknesses, or achievement in absolute terms.

A well-balanced session will therefore include the following elements:

1) Body warm-up: total body movements and movement of isolated parts, always with motivation not directed toward the purely mechanical. For example, directing people to explore the space around them might result in both high-reaching and low-crouching movements. This, in turn, accomplishes the objective of warming up the total body and avoids mechanical directions such as "bend/straighten" or "up/down."

2) Exercises based on dance techniques: ballet barre, modern dance floor exercise. For example, a study for balance that emphasizes awareness of energy flow, control of tension, and centering. (The concept of "center" is common in dance language. It refers to center of gravity and torso control in general, for whole body control and balance.) Another example: repetitive movements to improve endurance, presented with variations in timing or esthetic quality.

3) Movement involving others: dancing with partners or in a circle. For example, mirroring another person's movements and folk dances.

4) Opportunity for individual expression: verbal or through movement. Examples: dance improvisation based on individual drawings done at the start of a session or relaxation breaks in which discussions occur.

5) Moving just for fun; no goal specified. For example, dancing to music, from Chopin to rock, sometimes in simple, prearranged combinations, and at other times using traditional social dances, as waltz or merengue. Another example: running through space, with assistance if necessary, simply to enjoy the sensation of moving.

We consider overlapping of these elements in a given activity desirable and try to include as many elements as possible in a given session. Often, the isolation of body parts is accomplished in a circle, with individuals improvising in round-robin fashion. Thus, social involvement is inherent in the physical activity. Often, too, a class is designed so that simple elements converge in a "finished product." For example, a recent class was planned so that warm-up and technical exercises culminated in choreography to Carmen MacRae blues. The dance's sustained movements were devised to improve balance; a later section involved pelvic movements to increase awareness of the center body; other parts of this dance required the individual to move through space, if only with a step, or gesture. The slow tempo of the dance enabled all to participate. As part of a group composition, people had to be aware of their own movements, of a partner's movements, and of the group temporal-spatial design.

Within the framework of group activity, there must also be tailoring of details to meet individual needs. In any group, individual capacities, levels of skill, and frustra-

tion tolerances are always present. These differences are even more pronounced in our group. There is, for example, the obvious difference in diagnoses of participants but, even within like diagnoses, strengths and weaknesses differ. Our goals, expectations, and means of achieving improvement are not the same for any two people. Each member of our group attempts, as do dance students everywhere, to approximate with his or her movements a set of cleaner, idealized movements; one week's goals, when accomplished or mastered in part, give way to new goals or emphases, adjusted to new levels of skill and integration for each person. Our classes are planned, insofar as possible, to reach the "whole person"; as that person changes, subtly or markedly, we try to modify our goals and methods for reaching that total person. The capsulized descriptions that follow convey some of the variation in goals, methods for achieving these, and improvements noted for individual class members. The following case studies illustrate individual goals at given moments in this continuing process or dialogue.

Case Studies

Maria was 23 years old when she joined our group. She had come to New York from Puerto Rico several years before and still spoke very little English. Her diagnosis was cerebral palsy, a spastic left-hemiplegic with greater involvement of the upper extremity. There had been surgical tendon transplants on her left hand.

Maria's left arm was limited to less than 90 degrees abduction and this was attributed to spasticity. All of her movements contained extremely shy mannerisms and she seldom tried to use her left arm at all. Though she walked with a near normal gait, Maria lacked the coordination to skip and run. When she first came to class, she was always accompanied by her mother, who would remain during the entire (90-minute) session.

We taught Maria to use her arm as an extension of the total body, rather than as an isolated part. We also encouraged coordination of arm and leg movements, using familiar merengue music, which she seemed to enjoy.

One and one-half years after joining the group, a number of changes could be seen. Maria's arm abducts passively to 150 degrees and *she uses it*. She walks with oppositional arms and can now skip and run. Occasionally, we observe her skipping down a deserted corridor in the department. Her body has become more coordinated and useful and a source of pride; Maria wears dance practice clothes—leotards and tights, which are recommended, though optional, for classes. (Alternative dress is loose-fitting or old clothes.) She now arrives unescorted or accompanied by a friend. This year Maria has started attending English classes at night school.

Jennifer is a lovely young woman in her mid-twenties. Following an auto accident three years ago, which left her temporarily paraplegic, she had a spinal fusion. She now has a foot drop and abductor lurch but goes everywhere wearing a short-leg posterior splint.

When Jennifer started with us 18 months ago, we noticed that she was an "all arms and legs" person—with little awareness of total body movement. She claims great pleasure from the class and learning to use all of her body. When teaching skipping, we emphasized the sensation of "lift" in the torso. By really using the whole body, Jennifer progressed from one leg to alternate leg skipping and she can also do a run of sorts. She recognizes that these aren't quite "normal" mechanically but feels more secure, as they are useful in emergencies. She need no longer panic when the traffic light changes as she is crossing the street alone.

Marsha has been in our group almost since its beginning. Having suffered severe brain damage in an auto accident, she was told to be realistic—that she'd never walk again. Because of excellent therapy and tremendous motivation, she was walking with one cane when she came to our group three years after her accident. She had also completed her Master's degree since her hospitalization. Marsha's walk is not stable—she falls frequently. Her very high goal is to walk well enough, with a cane, to cross a city street.

Marsha now stands and walks with better alignment and her ability to direct her body in space has improved. All of her movements have smoothed out considerably; she has learned to move with less tension, particularly in the arms and shoulders. She can walk down a long corridor at St. Luke's with greater ease and stability in about 8 minutes, instead of the 15 minutes it used to take. She has decided to use a "quad" cane until her balance is even more improved.

One evening, Marsha ably adapted a creative class project to her own particular needs. Everyone was directed to sit, lie, or kneel and then move on any of these *low* levels, experimenting with the many parts of the body that could possibly bear weight. Marsha said that this activity gave her a new outlook and confidence. If and when she should fall, she could, through experiment, find a way of getting up by herself and need not be totally dependent on others for help. She has now devised several ways of getting up from the floor. This is an illustration of what can happen with nongoal-oriented movement, movement that is just for pleasure, or for the pleasure of discovery. Marsha also says that, prior to her accident, she had very little body awareness and that it was a revelation to discover that "a body has a right to feel good."

Bud and *Rose*, a gregarious and charming middle-aged couple, both have cerebral palsy. Bud, a consulting geolo-

gist, was one of the most severely disabled in our group. During an evaluation, he could barely move his arm forward due to spasticity. However, in class that night, when instructed to reach toward a partner with a greeting motion, he moved in a relaxed way, accomplishing the movement with comparative ease. Here, the motivation, aside from enjoyment, was probably social interaction. Bud often is accompanist for the others; as they step across the floor, he beats the drum with a good, steady beat. We believe he feels satisfaction in doing something physical that is also helpful to others. On one occasion, when we explored tension in neck and shoulders during a warm-up period, Ruth, a dancer-volunteer, massaged Bud's neck as he stretched it and let his head roll from side to side. Then Ruth sat in front of Bud so that he could do the same for her. As a dancer, she could benefit from this exercise as well as he.

Bud and Rose joined the group because Rose noticed that she was falling more often and that she tired more easily. She was no longer able to "window shop" through department stores, one of her favorite pastimes. While sensing that she was regressing physically, Rose's eager receptivity and gift for expressive movement was obvious almost immediately. Her weekly participation in classes, which she clearly enjoys, has increased her physical endurance. She recently reported that she managed to browse on every floor of Macy's 34th Street store.

Variations: Arthritis, Multiple Sclerosis Groups

Our excitement at the results of our experiment as illustrated by the foregoing stimulated our desire to see our concept adopted by others.

Several other therapists expressed a desire to organize groups; we encouraged this and gladly helped them organize by conducting their groups for the first month or two. These groups differ from our primary group in that all members have similar diagnoses.

At Vanderbilt Clinic, Columbia-Presbyterian Medical Center, a group is comprised of moderately severe arthritic patients. The basic movement format is the same here as in our heterogeneous group at St. Luke's, but goals are different: to teach patients to ease the pain occurring with movement, through decreased tension, effort, and speed. The warm-up is to gentle music, using nonpainful parts first, then total body involvement, and finally, moving the most painful joints. Movements are presented to "baby" the joints, such as love pats and gentle, soothing activities. A typical session might begin just that easily and build up so gradually that it ends with patients laughing and dancing to lively rock music, like teenagers, using ankles, knees, and shoulders. The unique feature of this group is that a social worker is also involved, encouraging informal talk sessions. There is a strong sense of group, exhibited in the letter they jointly wrote to the City's transportation department suggesting ways to ease public transportation problems for handicapped people. The members have parties, as do most of our groups, and express great pride in their groupness. The sparkle in their eyes when coming to and going from sessions sets them apart from most clinic patients.

A second arthritis group was started at St. Luke's Hospital. It, too, had its individuality and results were also positive. Dance movement principles were presented but not taught as actual dances. The leaders preferred to call it a movement group. Sessions ended with discussions of strictly functional activities, such as better ways to carry groceries and to dust chairs.

With splendid interdepartmental cooperation, a multiple sclerosis group was organized, also at Vanderbilt Clinic. With cooperation of the neurologists, the neurological clinic social service department organized the group and provided transportation, and the physical therapy department provided space for it to meet regularly. There are five wheelchair-bound women in this group of seven. Sessions emphasize what one can do, rather than striving to correct what one can't do. To aid in function, movement dynamics, such as swinging and counterbalance, are taught, as well as the use of substitute movements—or ways of "cheating," such as initiating movement from the hip when the thigh can't do it. Emphasis is on the use of areas not severely affected neurologically, but weak from disuse; we also seek to maintain range of motion and strength. All participants report increase in function.

Most of this class consists of mat and sitting work, such as a modified ballet barre while sitting sidewards on chairs and a hat and cane kick routine to "Hello, Dolly," also performed while seated. Those who are unable to kick compensate by exaggerated hat and cane gestures with arm and torso movements. These women have made each session a "social"; they always come dressed for a social occasion. During sessions they frequently exchange information and helpful suggestions. Conversations range from how to cope with depressions to where to buy wigs and clothes, since they must shop by mail order. After class they wheel to the coffee shop together.

A Continuing Therapy

It should be borne in mind that the activities of the groups described are distinct from traditional therapies and can either supplement them or provide a continuing outlet—both pleasurable and therapeutic.

Claudia, a below-the-knee amputee, entered the group with a goal of achieving a normal gait without a cane. She started from a very stiff knee and lurch gait, using a cane. In getting her to free her leg joints and pelvis, we introduced tap dance shuffles and even burlesque bumps into sessions; she can now also do the polka and can run a little.

Claudia has just about reached her goal but keeps joking, "Please don't fire me yet." We have no intention of "firing" her. Why should Claudia stop dancing? With a flair for the artistic, she is involved with an art form and wishes to stay involved. How long should one stay with any art? Forever, if possible, or as long as it still brings pleasure.

Summary/Conclusions

The results of our efforts indicate that dance can be adapted for use in physical rehabilitation: as a physical therapeutic tool, an expressive art form, and as a social, emotional, and recreational outlet.

Our effort here has been simply to document our accomplishments to date. We believe that the potential use of dance in this context has scarcely been tapped; the development of widespread use of dance in physical rehabilitation will have to await further clinical studies.

We have described the use of therapeutic dance in two group situations:

1) groups of patients with like diagnoses in which activities are conducted by personnel of varied health professions (occupational therapists, physical therapists, social workers) with some dance background.
2) a group made up of people with heterogeneous handicaps and participating dancers and physical therapy students, taught by physical therapists and dancers, together.

In both cases, we have observed salutary results—psychological/social, physical—and we have attributed these to the fact of *group* participation in a *dance* experience. Each group has unique strengths, problems, and emphases related to its composition, that is, to individual diagnoses, skills, and resources, as well as the training, resources, and orientation of group leaders. In addition, the great diversity of the second-mentioned group—its very heterogeneity—has been an unforeseen strength.

In adapting dance for use in physical rehabilitation, we are pleased with our success thus far in achieving our goals:

1) to increase the individual's pride in what his or her body can do;
2) to provide an enjoyable physical outlet for the person with few such opportunities;
3) to improve his or her physical ability;
4) to improve his or her functioning in daily life;
5) to gratify our own desire that every person—including the physically handicapped—have the opportunity to experience with his or her own body the unique rewards of the art of dance.

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Mary E. Callahan, director, and other faculty members of Program in Physical Therapy, Columbia University, cooperated in time scheduling, etc., so that the multiple sclerosis group at Vanderbilt Clinic conducted by Bernadette Hecox might continue on a weekly basis.

The Columbia-Presbyterian, Vanderbilt Clinic Arthritis group is conducted by Ann B. Edgar, R.P.T., physical therapy supervisor of Pediatric and Arthritis Clinics, Columbia-Presbyterian Medical Center, and by Ruth Hirschberg, senior social worker, Arthritis Clinic Social Service, Presbyterian Hospital.

The St. Luke's Arthritis group, temporarily discontinued, was conducted by Virginia Stillman, O.T.R., director of occupational therapy, and Jewel Derin, R.P.T., assistant chief of physical therapy, both of St. Luke's Hospital, department of rehabilitation medicine.

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DANCE AS A LIFETIME SPORT

A teacher of dance for over 20 years contends that dance should be included in the lifetime sports physical education program.

Dance is one of the lifetime sports. This phrase may well shock both physical educators and dancers, but dancing is a way of gaining physical fitness and maintaining it throughout one's life. Through the discipline of dance, the body can increase its flexibility and range of motion and improve dynamics, vitality, strength, endurance, spatial perception, and rhythm.

Physical fitness rarely "just happens." It is generally the result of knowing what to do. Students in secondary school and college have a final opportunity to gain the motivation, the knowledge, and the skills that will help them throughout their lifetime to maintain physical fitness. Dance can accomplish these goals in the physical education program.

When students reach the high school they are ready for movement such as social dance, folk and square dances, modern dance, and other dance forms that are more challenging, mentally and physically, than their elementary school movement education experiences. Dance is a coeducational activity, requiring agility, rhythm, and vigor and contributing emotional, social, mental, and aesthetic values to the physical education program.

In modern dance, each individual competes with himself just as in jogging and many other lifetime sports. Modern dance uses the total physical, mental, and emotional responses of the individual. It utilizes specialized techniques, terminology, literature, and teachers to satisfy the need for self-expression in a socially acceptable manner.

Modern dance in a "dance for physical fitness" program can be of tremendous benefit to both men and women, but especially for women. Recently there has been much discussion among physical educators about the importance of lifetime sports for girls and women that will develop and maintain strength, flexibility, agility, and endurance. Each woman should learn the unique characteristics and needs of her own body. She needs to learn what physical and health practices will provide the greatest benefit to that unique body and mind and to discover what that body can do. Modern dance has great potential for fulfilling physical, social, and psychological needs.

Most women, from their teens, have a desire to improve their figures, to be physically attractive, and to be better coordinated and more graceful. Dance can motivate girls in the physical education program by helping them attain desired objectives. Once dance activities become an established part of their lifestyle, students are more apt to continue good physical fitness practices throughout their lifetime.

A disciplined body is as vital to success in dance as it is in any sport. A dancer's body must be disciplined and sensitive to its environment. Emphasis on good body mechanics will help the student learn to protect her physical instrument from injury. Good breathing habits help in increasing endurance. Improved posture, balance, and flexibility result in more efficient movement.

Warm-up techniques should include principles relating to the prevention of injury and increasing the range of movement in the joints and muscles. Sudden, violent movements should be avoided in a warm-up as they can result in muscle tears, especially if the muscles are "cold." The teacher should avoid too much lecture; the emphasis must be on doing and "feeling with the muscles." The student should be taught the safest and most efficient way for the body to move. For example, when the knee flexes, it should do so over the center of the foot; if the knee is allowed to roll inward, permanent damage can be incurred. After warm up exercises, students may perform limbering and stretching techniques. The purpose of warm up exercise is to stimulate the body physiologically and psychologically, prepare it for more strenuous work and to develop balance, coordination, general flexibility, range, and strength.

A dance for physical fitness program should meet several sessions each week for a time period ranging from forty minutes to over one hour. One part of the class or work period should be varied with basic locomotor techniques in which the body travels along a route or path using feet, hands, knees, or some other part of the body. The more traditional locomotor techniques of walks, light runs, slides, gallops, skips, and combinations of these may be utilized to add variety to the students' vocabulary of movement, improve coordination, develop a sense of rhythmic perception, develop confidence, and develop group work skills.

The instructor should emphasize more rapid locomotor activities to increase cardiovascular endurance. Use

MARY COWDEN SNYDER teaches dance for physical fitness at the University of Alaska and various dance styles at the high school and community center in College, Alaska. She has served as dance chairman for the Northwest District AAHPER.

some of the principles of interval training, in which physical stress is interspersed with recovery periods during which activity of a reduced intensity is performed. Hops, jumps, leaps, or rapid rhythmic patterns using vigorous effort may be used. The student must learn good techniques but must also learn how to relate the intensity and quantity of muscular exercise that is best for her and then work to increase her unique potential.

During recovery periods, students can develop movement fundamentals and dance skills. Students should keep in mind that they will not develop strength by the repetition of exercise of the same intensity; intensity should be varied. Guided by the instructor, the student could utilize such activities as traditional dance steps or the study of movement flow, quality, style, and effort analysis.

Through dance activities students can be encouraged to utilize the movement and effort posibilities of their entire organism. Each student has a right to experience the enjoyment which rhythmic activity can bring through an opportunity to develop as much efficiency of movement as possible. By developing a kinesthetic perception of line, movement, rhythm, and grouping in time and space, each student will improve her sensitivity to the stimuli that life provides.

The teacher in the physical education program should help people of all ages build and maintain beautiful and efficient bodies. Through technical control and self-discipline can come freedom for the instrument of the body and self-confidence for the personality. A successful progression of dance activities can result in unleashing the creative forces that we all need to utilize to gain a feeling of fulfillment. Dance in education is not an end in itself. Its aim is to integrate through understanding the mind and body of the individual. This concept of wholeness can be achieved through dance by giving the student the power to move with strength and endurance, the skill to move with flexibility, timing, balance, dignity, and relaxation, and the motivation to utilize the total sense of movement that joins music, grace, and health.

Dance techniques and analysis can furnish the building blocks for relating all kinds of movement, from everyday activities to sports skills. Students at many differing levels of physical fitness benefit from the processes involved in dance as a lifetime sport.

Perhaps dancers can borrow a phrase that is popular with jogging enthusiasts: run for your life. Through dance for physical fitness we can make life more interesting, and exciting, and more beneficial to all. Dance for your life! □

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dance

WHAT IS DANCE THERAPY?

CLAIRE SCHMAIS is project director for the Dance Therapy Masters Program, in the Health and Physical Education Department of Hunter College, CUNY, New York, New York 10021.

I am often asked the difference between dance therapy and dance teaching. Teachers say, "My dance classes help students express their feelings," or "I teach dance to the physically handicapped," or "I do educational dance." Isn't that dance therapy?

The answer is probably no. Fundamental differences in roles, methods, and aims define two discrete professions: dance therapy and dance teaching. Confusion exists because teacher and therapist share aspects of training, content, and clientele.

Members of each profession engage in role relationships with their subjects. Dance therapists enact their role with patients, dance teachers with students. The patient expects the therapist to help with an emotional problem, gaining insight or feeling less anxious. The student expects the teacher to know specific technique (jazz, modern, ballet, etc.) and be able to teach the appropriate steps, rhythm, and style. Therefore, a dance teacher focusing on a child's oedipal complex or a dance therapist spending the therapy session teaching the fine points of a *tour jete* would each be violating their professional role.

These roles are performed in different settings. Dance teachers usually work in studios or as faculty members in schools where, in addition to teaching, they may coach, perform, or choreograph. Dance therapists usually work in hospitals or clinics, where in addition to leading sessions they orient staff, write records, and report to the treatment team.

Confusion exists because good dance teaching is therapeutic and dance students often derive psychic benefits from dance classes. They gain confidence from increased competence, become more expressive, and feel part of a group—extremely important to personal growth and well-being. However, dance as therapy requires *intentional* therapeutic intervention based on a relationship established between patient and therapist, with dance activities specifically designed to promote the mental health of the client. The therapist establishes this relationship by reflecting in movement the emotional expression of the patient. To further the therapeutic process the therapist tunes in to the nuances, intentions, and contradictions of the patients' behavior to develop those latent feelings seeking expression.

To perform their respective roles both teacher and therapist have seriously studied dance. However, while the teacher is usually an expert in one technique and is able to deftly demonstrate its steps and style so that students can follow, the therapist must be familiar with various techniques in order to tune in to all kinds of patients. It is useful for the teacher to consistently portray a particular style so students learn its movements and mannerisms; the therapist guards against imposing a style on the patient, and instead encourages development of a unique way of moving. In addition to dance background the therapist must have skills in observation and knowledge of movement behavior, group dynamics, neurophysiology, and the special problems of various age groups and diagnoses.

Teacher and therapist often use the same dance steps to accomplish their respective goals. But, when teaching a stamp the flamenco teacher, for example, is concerned with developing the spatial and dynamic aesthetics of that style, whereas the therapist focuses on helping patients understand why and what or whom they are stamping.

They may also use the same formations. The therapist's choice is usually based on the emotional state of the group, whereas the teacher's choice is usually based on the demands of the dance form. For example, both may be using a circle formation, the therapist in order to reduce anxiety and the teacher to properly teach a hora.

Both teacher and therapist may work with the same clientele, e.g., the retarded, the blind, the deaf, etc., but this does not alter their role definitions. Dance teaching does not become therapy because the clientele is handicapped or in need of therapy. A profession is not defined by whom it serves but by what it does. A dentist treating an emotionally ill patient is doing dentistry, not dental therapy.

A major source of confusion between dance teaching and dance therapy may be that many of the pioneers in dance therapy, such as Marion Chace and Trudi Shoop, were dance teachers for many years. However, as they became dance therapists they not only shifted their work from the classroom to the clinic; they also developed special skills and defined a new profession—dance therapy. □

Dance as therapy requires intentional therapeutic intervention. Dance activities are specifically designed to promote the mental health of the client.

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What Dance Therapy Teaches Us About Teaching Dance

CLAIRE SCHMAIS

The dance therapist has one great advantage over the dance teacher. He gets instant feedback as to whether he is using the right material. Patients have no investment in conforming behavior.If the therapist's response are not suitable, he will always know. He will lose the group. patients will simply leave, or withdraw. Unfortunately, schools have a captive audience of students who must stay if they wish to pass and especially if they wish to get an A—so they become adept at faking involvement. The dance therapist has to interact with patients in terms of what he brings with him in movement. He has to know what he projects and how patients react to that projection.

In the not too distant future, perhaps the dance therapist will be able to have a movement analysis comparable to the didactic analysis that psychoanalysts must have. For the present, however, he should be aware of how he moves: his range and his limitations. He should know his preferences for space, dynamics, and phrasing and how he uses these in his moment-to-moment interaction with patients. For example, what part of his movement vocabulary does he use to develop cohesion? Is it his openness, his strength, or his use of space? The dance therapist must develop a highly differentiated movement repertoire. His emphasis differs from that of the performing dancer, in that he is not concerned with having an elegant arabesque or a high extension. He is more concerned with his ability to communicate. If he is going to kick he must know why he is doing it and how he is going to do it. Kicking mother will be quite different from kicking sand.

Patients are like performers in that they use movement in unusual ways (presumably with different motivations). The dancer tries to create illusion. The patient lives in it. The dance therapist must be able to respond to whatever the patient does. But the dance therapist cannot totally emerge from his own training and upbringing. What he cannot do he has to evoke by verbal imagery, or by using other members of the group. When the therapist is working with an individual, rather than a group, his limitations and preferences become even more apparent. It is a wise therapist who knows when someone else is better suited to work with a particular client.

The therapist must be aware of the group forms he uses. He cannot arbitrarily impose a circle, a square, or a line. Each form connotes a specific type of interaction. He must proceed logically based on the mood, the movement capacity, and the social level of the individuals.

It is no accident that most group sessions start with a circle. It allows for mutual eye contact and a low status type of leadership. It is essentially a peer group relationship that allows for contact but can also maintain distance. The circle allows for leadership to emerge or retreat without breaking up the group. Patients may dance in the circle, inside it, or outside it. They may leave or enter at any time or at any part of the circle.

Music is an important part of the dance session; it can help create different moods and different kinds of involvements. Music that exists where people work as on

Claire Schmais is a lecturer at Hunter College, City University of New York, where she teaches movement fundamentals and movement education for elementary school teachers. Mrs. Schmais is also on the faculty of the Effort-Shape Division of the Dance Notation Bureau and has taught dance therapy courses there. She was formerly a dance therapist at the Bronx State Hospital. This article is based on her presentation at the 1969 AAHPER Convention.

the Israeli *kibbutz* or an Africa collective will have the dynamics that can help pull a group together. Other music can almost destroy a precarious group by creating an internal focus. The dance therapist often uses music as a rhythmic support. It ties the group into a unified structure. The therapist has to gauge the group mood and choose music accordingly. If patients are predominantly depressed, he will not put on a rousing march. If they are somewhat manic, he will meet them at that level in music and movement and try to bring them down to a more even keel.

The search for the meaning of movement has turned us to many sources in our quest for answers. Effort-shape, a theory constructed by Rudolf Laban, a dancer, has proven to be most useful for the dance therapist. He provided a theoretical framework for observing, recording, and analyzing all kinds of movement. Its application in the field of dance therapy has helped in many ways. Because it focuses on what is seen and felt when watching a movement pattern, it gives information about the communicative as well as the idiosyncratic aspects of movement behavior. What one records is the personality as it is made manifest in the movement content.

Effort-shape has provided an important tool for research that permits the systematic recording of the dynamics of movement. One of its practical applications is that it permits talk about movement behavior in purely movement terms without inferring diagnostic categories. Rather than saying Joe is withdrawn, his behavior is described. When Joe is approached, he slowly retreats backward and upward which may be interpreted as a fearful type of retreat. Someone else may withdraw with strength in backward low position as if ready to pounce. This type of description can be offered with or without the interpretation. In this way effort-shape can help to sensitize personnel to patients' overt behavior. It has proved very valuable in working with the psychiatric residents who are very eager to learn more about themselves and their patients.

Effort-shape theory is applied in the Lomax Choreometrics project has helped in the understanding of movement styles across cultures. It has pointed to the variables that distinguish cultural style and how they relate to the level of complexity and type of economy of a specific society. They have discovered that certain movement qualities are like key signatures; they identify a particular culture. These qualities say, "I am a member of this family of man." Other qualities say, "This is how I must move to survive in my surroundings and to maintain my continuity."

To survive in our society one must cope with complexity, physically and intellectually. Complexity in movement infers handling space in a three-dimensional way. In order to be able to manipulate many situations one must have alternate avenues of approach and retreat. This variability is one of the first things that patients lose.

Dance therapy and dance teaching operate on the same continuum. Learning is therapeutic and therapy involves teaching. I think that some of the lessons we have learned in dance therapy can help us to reevaluate our dance teaching. The teacher should become cognizant of her own style and how she uses it in the classroom. I remember studying Graham technique with two different teachers. One teacher ordered us into a contraction, the other coaxed us into it. The first experience seemed gruelling while the other seemed almost lyrical.

Movement exploration has currently become the "in thing." I recently watched a teacher direct one of these nondirective lessons. She asked all the right questions but she did not respond to the children in her own movements. She did not shape her body to accommodate a child as he ran by. She did not reflect the childrens' joy in moving nor did her body or her voice in any way encompass the movement dynamics she was asking the children to perform. I just read a pamphlet above movement exploration which praises it as a technique because teachers don't have to demonstrate. What they don't realize is that the teacher is always demonstrating. Trying not to be involved we are nevertheless making a statement about involvement.

What is the structure of a typical dance class? Students will most often be arranged in places on the floor facing the teacher. They will usually work in their places for most of the period and then do some pattern going across the floor on a diagonal. This has proven to be a very efficient way to run a dance class. This format presents the teacher as an authority figure set apart from the class. He can relate to each student individually and they can relate to each other from a distance. This is a functional structure for preparing people for a regimented society where roles are narrowly defined. But the students of today are rebelling against our uptight world. They are trying to effect basic changes in our life style.

Perhaps in our dance classes we can offer social alternatives that bridge the gap between anarchy on one hand and rigidity on the other. We should use forms that encourage all kinds of interaction. Students should be encouraged to really look at one another and react. Perhaps in some way we can lessen the feelings of isolation and alienation. An interesting way for the teacher to assess the process in which he has engaged students in for the dance hour is to watch how they leave. Do they walk out in pairs, in groups, or do they walk alone?

Dance expresses and reenforces the culture of people. The teacher makes a choice as to what aspects of the culture she wishes to reenforce by what she presents and by what she omits. What should we teach our children? For the young child we should provide experiences that foster growth--experiences that help children recognize their needs and their feelings. A basic premise of dance therapy is that breadth of movement is necessary for mental health. Having a wide variety of patterns gives the individual a capacity to respond in different ways. We should promote this breadth early by allowing children to experience the widest gamut of movement possibilities. By doing this, they can develop the necessary scope of movement behavior and find their uniqueness within that range.

At some point we should introduce dances from other countries. I think it is important to familiarize children with other cultures and customs. If as children they understand how another culture moves as adults they need not be frightened by the spectre of alien ideas. Up until recently dance curriculums have primarily included Western European dances, in which the musical forms and the social organization are more closely allied to our

own. They are often simplified adult dances mimicking adult social relationships, and done to a musical interpretation by an American three-piece band. The result always reminds me of painting by numbers. The form is vaguely recognizable but the content is flat.

We live in a world of instant communication; our choice of materials should reflect this. I think that we should change our emphasis along two lines; we should go further afield and closer to home. We should include much more about our own American dance heritage: jazz dances, Afro-Caribbean dances, the dances of American Indians, Mexicans, and others. We should also seek out the dances from the East: China, India, Bali, etc.

We should use the original music of a country. When we translate it into an American idiom, we rob the music of the essence of style, the subtle qualities that support the dance, that help create its unique organization. The instruments and vocalization of a particular country are not randomly selected but contribute to that cultural integrity.

Let us now turn to the field of modern dance. The teacher must be aware of whether he is teaching a set body of technique or whether he is allowing his students to explore their own movement repertoires. If we teach a particular technique we should know what that technique conveys. For example, if we are teaching Graham, we are committing ourselves to a style that stresses control. Freedom and excitement are sacrificed to shape and form. We are not just teaching falls and contractions, we are reenforcing a way of life.

The student taking a dance class, who does not aspire to perform, should nevertheless be allowed to have a complete movement experience. We have been traditionally stuck on form and specific skills—leaps, turns, bounces. We rarely allow feelings to be expressed. In a world where students are legitimately angry, fearful, and often very lonely, why not allow these feelings to be aired in the dance class?

Modern dance teaching is sometimes very strange in that students never do dances. The beginning painter paints pictures, but the modern dance student can take years of classes and never make up a dance. They seem forever stuck on the brush stroke level. We rationalize this by saying, "They don't have enough technique."

There are other subtle conventions that permeate dance teaching. I remember being told not to have any expression on my face because that would distract from the body configuration. Teachers rarely say that today, but neither do they encourage a unity of expression and feeling. This also holds true for making sounds while dancing. Why must it be a silent experience?

Dance is a unique art in that it deals with everyday human behavior. It is both sacred and profane. The stuff of dance includes the most obscene gesture and the most elegant ritual. It is what we've been and what we can become. Dance teachers can play a very important role in contributing to the mental health of our nation. We can help turn students on to their own vast potentials. We must do it wisely and carefully.

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spotlight on dance

Dance and the Deaf

PETER R. WISHER is chairman, Department of Physical Education and Athletics, Gallaudet College, Washington, D.C. Gallaudet is a college especially for the deaf.

It would be difficult indeed to find any statement of educational aims without some mention of creative pursuits as worthy objectives in the general education of youth. This viewpoint is even more important to the hearing-impaired,[1] since many common pursuits, music, television, drama, etc., are of more limited value. In areas where hearing is a minor factor, the deaf enjoy and achieve outstanding measures of success: home economics, sports, drama, and, of course, the dance.

Because of the reduced influence of sound in the lives of the deaf, perception of visual images increases in importance in all phases of education and daily living. This dependence on the visual serves to emphasize the importance of movement, which is an important aspect of communication. Some educators of the deaf even believe that some deaf people think in terms of motion. Consequently, the area of the dance may have relatively more importance in the lives of the deaf than of the hearing.

Students at Gallaudet College have developed what is termed a "new art form." In essence it is the transformation of signs[2] to dance movement. For example, a sign used in communication is abstracted, thus making it an art form. A story, poem, or song can be danced if one uses this method: the abstraction of communication cues. A similar pattern is used by hearing people when human gestures are treated in this manner. When it is realized that most deaf people think in concrete terms and that thinking in the abstract is especially difficult for them, you can readily see what an accomplishment it is for the deaf to formulate these abstractions in the dance.

Accompaniment. The matter of accompaniment for the dance, especially where it concerns the deaf, is a matter of considerable importance. We refer here to the perception of rhythm or beat by means of auditory stimuli. But one of the concepts held by most creative dancers is that when dance is employed for communication, the dance, per se is absolute: music, costume, scenery, serve only to supplement the dance. As a matter of fact, Doris Humphry, one of the recognized leaders in the dance, experimented with and performed two dances in silence: "Sonata Tragica," and "Drama of Motion." In view of this, their world of silence should not preclude the deaf from participating, creating, and performing all forms of the dance.

Awareness of rhythmic patterns can be internal as well as external, and ac-

[1] In referring to the deaf, such terms as "deaf-mute" or "deaf and dumb" are not only repugnant to the deaf, but they are also inaccurate. Most deaf persons can learn to speak, although the speech of some will be more intelligible than others.

[2] Four means of communication are used in the educational process of the deaf.

(1) *Oral communication:* all communication between individuals is done orally by means of speech, speechreading, and using of auditory equipment.

(2) *Finger spelling:* each letter of the alphabet has a corresponding position of the fingers, and all words are spelled.

(3) *Language of signs:* a sign with the hand is made to indicate an object or an action. A single movement or gesture may have meaning, thus enabling a more rapid communication. Generally, the manual alphabet and the language of signs are integrated: signs are used, and where none exist the words are spelled.

(4) *The simultaneous method:* the language of signs, manual alphabet, and speech are used simultaneously. This allows the hearing-impaired individuals a five-way approach in communicating: speech, speechreading, the language of signs, manual alphabet, and the use of any residual hearing which may be utilized through electronic amplification. This is the method in effect at Gallaudet College.

Students of Gallaudet College enjoy a participation session on the Mike Douglas television show.

companiment of any kind can only serve in a supplementary nature to the profoundly deaf. However, experience has demonstrated that successful rhythm responses often occur in the absence of auditory sounds. For individuals possessing any degree of hearing, of course, advantage is taken of all possible auditory cues: percussion instruments, amplified music, the use of hearing aids, the simultaneous method, etc.

The use of auditory and visual rhythmic stimuli in teaching dance to the deaf is an area of needed research. Methods successfully used by us at Gallaudet College include percussion instruments, phonograph recordings, and hand signals. Some consideration has been given to the use of light impulses and oversized metronomes.

Tactile cues. Evidence indicates that the sense of touch in the deaf is utilized to a greater degree than in the hearing. Many of the deaf have stated that they feel vibrations. These vibrations are most generally transmitted through the floor, furniture, or the record player itself. Scarcely a day goes by that students are not observed touching the "juke box," the record player, or the grand piano when some one is playing. Besides obtaining rhythmic cues for dances, there seems to be an element of satisfaction resulting from this contact. People who have no interest in dancing are observed touching the musical instrument.

Loud speakers placed directly on a wooden floor increase the intensity of vibrations. Also, the use of bass tones seem to enhance vibratory reception.

Creativity. The deaf, assisted by the language of signs, seem to be more creative than their hearing peers and appear to reap greater benefits. A lack of hearing may motivate the deaf student to seek other outlets for his feelings. Being deprived of singing, and especially of choral singing, which so many hearing people find emotionally satisfying, may make the deaf pupil more aware of emotional satisfactions gained from the dance.

Balance. In professional literature regarding the deaf, there appears to be evidence that the deaf have poor balance. This attitude is reinforced by the fact that the seat of balance is attributed to the vestibular portion of the inner ear. There is a possibility that the cause of deafness in some has also effected the vestibular portion. This inability to maintain good balance may be true in situations where the horizon is not seen, or in darkness.

However, poor balance, in the sense of total body response, has not been a problem—in the dance, and also in sports and recreational activities. In this regard one caution should be noted: the individuals we have observed may not be representative of the total deaf population, since all are college students. Also, the particular cause of deafness may effect balance. A pupil becoming deaf from spinal meningitis may have poorer balance than a pupil born deaf.

Dance and speech. The acquisition of good speech on the part of the deaf student is a most important administrative consideration. An informal study has been in progress for some time in the primary grades to encourage the improvement of speech through singing games and dances. It would seem reasonable to believe that a hearing-impaired child in the relaxed environment of a recreational setting would be more apt to participate in group singing or dancing than in a more formal classroom situation. Gratifying results are encouraging the continuance of this device at that level.

Deaf interest in dance. In general, there appears to be no difference in dance interest between those profoundly deaf and those students with some residual hearing. At the present time, two required physical education classes are functioning at Gallaudet College—the social dance and the modern dance. These courses are elective, but many of the students taking required physical education enroll in these two courses. In addition to the required physical education program, there are three other voluntary dance interest groups on the campus: a recreational dance group, a social dance club, and a performing group.

Values in dance. In the dance the deaf find an excellent area for self-expression, it seems to fulfill a need basic to all individuals. Additional values realized from participation in the dance are: (1) promotion of physical fitness, (2) provision of an environment in which tensions are released, (3) assistance in attaining desirable social outcomes, through the many group efforts, (4) the understanding and appreciation of the dance in general engendered, and (5) development of certain spiritual values.

In brief, the dance has its unique contribution to make to the total education of youth; but to the hearing-impaired it has a still more special significance.

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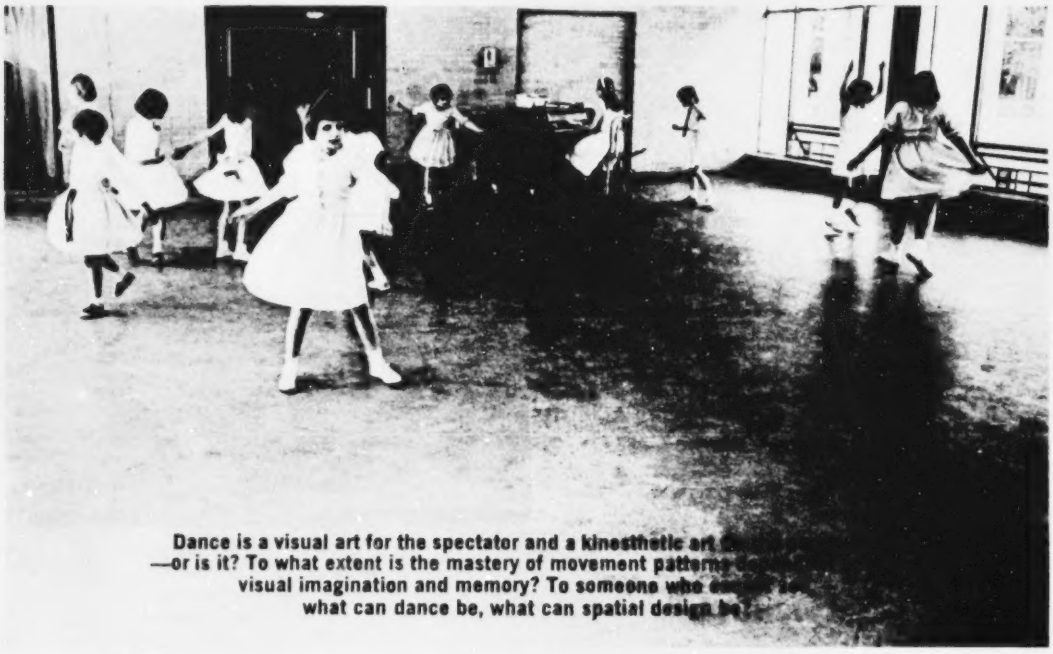

Dance is a visual art for the spectator and a kinesthetic art f
—or is it? To what extent is the mastery of movement patterns
visual imagination and memory? To someone who
what can dance be, what can spatial design be?

Blind children have the same delight in and need for using movement freely and imaginatively as have their sighted fellows. Children love to explore movement creatively—to stretch, to curl, to spin, to run, to lift, to fall, to swing. They love to be big and strong, tiny and fragile, ridiculous or magnificent. They love to practice feats of balance and power and precision. All children need help to explore design, communication, and control of their body's motion, but blind children have the greater need since they cannot imitate through seeing what others do and must have a safe environment in order to experience free and vigorous action.

Because there is increasing integration of the blind in all areas of living, their ability to move about needs to be developed to its fullest. Blind youngsters want to be accepted among their sighted peers and to know how to do as others do. They wish to move with the same ease as do their sighted companions, but if they receive no extra help and assurance a burden is added to their handicap.

Teaching Methods

How do we modify our methods to teach dance to the blind? Dance is dependent upon the development of the kinesthetic sense. Yet, being visually-minded, we often say, "Do it like this," or "I'll show you," and then we demonstrate the patterns with sometimes a bit of counting or singing to set the rhythm. Our students, who have been mimicking what they see ever since they could see, do their best to copy the demonstration.

When teaching the blind, however, we must think out more clearly just what it is that we wish done and how it is to be communicated. Teaching dance to the blind is slow at first, because their vocabulary of movement is more limited than that of sighted children. The meaning of verbal descriptions for action have to be more carefully established.

Most children in the course of their development learn to gallop and skip, to run and leap, to jump and hop. After they have discovered these activities for themselves, they are generally given the word for each action. But blind children's freedom to move may have been so drastically curtailed that they have no idea of what action is meant by the word "skip." To help them to discover the quick freedom and bounce represented by "skip" is both a delight to them and a real challenge for the teacher.

One cannot teach as many in one class effectively when the students are blind. To establish a verbal vocabulary for movement it is often necessary to use touch—to have a student feel the teacher's movement or be moved by the teacher. Thus one must work for a while in a one-to-one relationship, demanding either very small classes or several sighted assistants. More individual assurance that they understand and are performing an action correctly is needed when the students cannot see what others are doing.

Blind children have seldom experienced the sheer fun of running fast (and some have never leaped); they love to discover fast, vigorous locomotion done with a sighted companion or so structured that they know where they can go safely. They enjoy a strenuous folk dance such as Troika, which they can learn as readily as any sighted group once a confidence to move with lightness and speed has been gained.

Spatial Awareness

The blind must imaginatively make for themselves a unified whole of the world to a larger extent than the sighted, since the blind learn their environment through touching it in bits and pieces while the sighted can obtain a whole pattern of near and far at a glance. The concept of forming spatial designs of which they can be totally aware through use of the body's movement opens an exciting new world to many blind children. The blind respond with even more pleasure than sighted children on discovering how the legs and arms can move in various ways to make designs in space. The first time I assisted an eager sixth grader through a simple *port de bras* she exclaimed, "Oh, how beautiful!" Once they grasp the basic ideas, they are as ready and as wise as sighted children in assisting to plan the choreography for a dance.

Learning to become kinesthetically aware of his position and path in space is not only necessary as a dance skill but is of the utmost importance for his daily living to the blind. A Maypole dance taught to second and third graders gave them an opportunity to skip freely while maintaining a large circle. When we started, many of them could not move in such a way as to keep the ribbons always tight but made a meandering path when the feeling that a curve is movement around a central point was lost. To produce successive curves is difficult even for many sighted persons.

Fifth and sixth graders and older blind children find pleasure in jumping with quarter, half, and whole turns;

MARGARET P. DUGGAR has taught at Chatham College and the Western Pennsylvania School for Blind Children in Pittsburgh, Pennsylvania, where she gained the experience shared in this article. She is currently living in Belmont, California. Photographs taken at Western Pennsylvania School for Blind Children, by Charles Martin.

many are able to accomplish even the whole turns with relative ease. However, walking accurately in a square is more difficult. It is a challenge when some object is placed on the floor at their feet and, after a series of walks, skips, gallops, or runs to music or drums, they are able to arrive at the starting object again. Dancing out patterns, such as a large heart with lacy edges and a picture inside for Valentine's Day, is both fun and an aid to spatial orientation.

Body Awareness

The blind often have trouble with balance, and helping them to become alert to the body as a whole, as it is shifted from one position to another, seems to help them. Many blind children experience locomotion only as a slow shuffling gait with upper arms held tightly to the sides, elbows bent, hands held out in front, heads drooping forward. To show them that they *can* balance on one foot and freely swing the other leg at the hip joint, that they *can* move their arms at the shoulder joint, that they *can* lift their head and breathe more freely, and furthermore, that all this can be done simultaneously—reveals a new world to them. Since they have never seen dance, the very idea that the body has form and motion which can be sculptured as they might work with clay is an exciting concept.

Rhythmic Perception

Blind children with the most limited movement ability often far surpass sighted students in the perception of rhythm designs and memorization of rhythmic patterns. The blind can obtain the feel of an action through its rhythm first and develop and refine its pattern in space later, whereas in the sighted the process is often the other way around. After spending time with the blind, a dance teacher comes to realize more fully that some of the difficulties in learning experienced by the sighted stem from continuing to rely on the visual aspect of movement rather than gaining its kinesthetic, rhythmic feel.

Blind children respond well to the use of percussion instruments. They are quick to pick up and to invent rhythmic designs with which to accompany themselves. I found them inclined to stamp out rhythms they had been given for movement. While this has the practical purpose of establishing a group feeling and of knowing where their companions are so they can avoid collisions, it adds to their already too-well-established habits of being earth-bound and heavy in moving. When given bells, tamborines, or other similar sound-makers, they can move more lightly; this also adds to the fun and group awareness.

Sound and Motion

The use of different instruments for matching quality of sound and movement is as much fun for them as for sighted children. A whole gamut of characters, situations, and dramas can be developed with a gong, a tinkling tiny bell, or a strongly struck drum.

"Please let me see that" is the question when instruments unfamiliar in sound are brought to the dance session. The children want to investigate the instruments and learn how they are played. They can feel as well as hear the vibrations of a gong going on and on after it has been struck. This helps them to attain a sustained motion when using the gong for accompaniment. The continuing vibratory motion of the gong can be contrasted with an instrument such as a wood-block which needs a sharp stroke for the sound and has very little subsequent vibration. Thus sound and motion are integrated in a sightless world. Through dancing this integration can be developed further as the children move to the whistling and flow of the wind over them when they run, to the sound of waves and passing trucks, to the sounds made by voices and words and music.

Teaching by Analogy

In using analogies and images a new teacher of blind children can make amusing mistakes. For instance, to help me to learn names quickly—a necessity in working with the blind—and to give them a problem in spatial design, I suggested to a group of second graders that they spell their names in large letters on the floor with their feet. They all started a most wonderful tattoo of hops and jumps, writing in braile!

Many descriptions for types and qualities of movement can be the same for blind as for sighted children. Huge giants, tiny mice, funny clowns are the same for both groups. The dance teacher soon finds that not all images are equally useful, however. A blind child may not immediately know that an airplane's wings in the sky differ from those of a bird or a butterfly. "Banking like an airplane," so helpful in teaching curves and circles to sighted children, is something not so familiar to a blind child and must be taught as a process before it can be used as a concept for maintaining orientation in space when moving on a curved path.

Objects that can be touched can be used with blind children to set off discussion and experimentation in new dance possibilities. They can show the dance of the petals of a flower, a prickly pine branch, a smooth stone, a rubber band, a straight stick.

Visually handicapped children receive the same pleasure in and have the same need for vigorous movement experiences as their sighted fellows. In fact, their need for kinesthetic awareness and memory may well be greater than for the sighted. Dance ranks high among the physical activities from which blind children can benefit. There is little difference between the sighted and the unsighted in what *can* be be taught and enjoyed in dance, but as with any child, the teacher must start with where the child is and with a language he can understand. □

Reprinted from Journal of Health, Physical Education and Recreation, May 1968

ADDITIONAL RESOURCES ON DANCE

Sources of Records

1. A. B. LeCrone Rhythms Record Company, 819 N.W. 92nd Street, Oklahoma City, Oklahoma 73114.

2. Bridges Dance Wear, 310 West Jefferson, Dallas, Texas 75208.

3. Educational Activities, Inc., P.O. Box 392, Freeport, New York 11520.

4. Folk Dance House, 108 West 16 Street, New York, N.Y. 10011.

5. Hoctor Dance Records, Inc., P.O. Box 38, Waldwick, New Jersey 07463.

6. Kimbo Educational, 86 South Fifth Avenue, Long Branch, New Jersey 07740.

7. Lyons, 530 Riverview Avenue, Elkhart, Indiana 46514.

8. Q T Records, Statler Record Corporation, 73 Fifth Avenue, New York, N.Y. 10003.

9. Rhythms Productions Records, Whitney Building, Box 34485, Los Angeles, California 90034.

Periodicals About Dance

The following newsletters and journals are either totally concerned with dance or often carry articles or noteworthy items dealing with dance. Although articles on dance for physically handicapped persons will probably be in the minority, readers can use these periodicals to glean ideas, share their programs with individuals who might never have thought of dance as a possibility for physically handicapped persons, and keep in touch with the broad field of dance.

1. American Dance Guild Newsletter (monthly), 1619 Broadway, Room 603, New York, N.Y. 10019.

2. American Dance Therapy Association Newsletter (quarterly), 1000 Century Plaza, Suite 216E, Columbia, Maryland 21044.

3. Dance Magazine, Danad Publishing Company, Inc., 10 Columbus Circle, New York, N.Y.

4. Dance News, Dance News, Inc., 119 West 57th Street, New York, N.Y. 10019.

5. Dance Research Journal, Committee on Research in Dance, 35 West Fourth Street, Room 675D, New York University, Washington Square, Department of Dance Education, New York, N.Y. 10003.

6. Dance Scope (semiannual), American Dance Guild, 1619 Broadway, Room 603, New York, N.Y. 10019.

7. Journal of Physical Education and Recreation, AAHPER, 1201 16th Street, N.W., Washington, D.C. 20036.

8. Spotlight on Dance (Newsletter), National Dance Association, 1201 16th Street, N.W., Washington, D.C. 20036.

Organizations Concerned With Dance

1. American Dance Guild, 1619 Broadway, Room 603, New York, N.Y. 10019.

2. American Dance Therapy Association, 1000 Century Plaza, Suite 216E, Columbia, Maryland 21044.

3. Committee on Research in Dance, 35 W. Fourth Street, Room 675D, New York University, Washington Square, Department of Dance Education, New York, N.Y. 10003.

4. Country Dance and Song Society of America, 55 Christopher Street, New York, N.Y. 10019.

5. Imperial Society of Teachers of Dancing, United States Ballroom Branch, Box 90, Vernon, New Jersey 07462.

6. Laban Art of Movement Guild, c/o Laban Art of Movement Centre, Woburn Hill, Addlestone, Surrey KT15 2QD, England.

7. The National Dance Association, American Alliance for Health, Physical Education, and Recreation, 1201 16th Street, N.W., Washington, D.C. 10036.

8. National Therapeutic Recreation Society, 1601 North Kent Street, Arlington, Virginia 22209.

Printed Materials

Published material pertaining to dance for physically handicapped individuals is scarce, and a bibliography that contained only a listing of those materials would be short indeed. Books, articles, and papers on dance for individuals with a variety of handicapping conditions have much to offer -- general ideas for dance programs, rationale for dance as a therapeutic recreation activity, benefits of dance. Therefore, even though this publication deals with dance for physically handicapped persons the bibliographic listing which follows represents materials on dance for persons with all handicapping conditions.

General Sources on Dance

1. Andrews, Gladys. Creative Rhythmic Movement for Children. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1954.

   Explores movement in relation to child development and creativity. Sections cover movement exploration, development of movement, effects of space and rhythm on movement, making percussion instruments, ideas and compositions, for movement, and music and progressions for dance.

2. King, Bruce. Creative Dance: Experience for Learning. Blawenburg, New Jersey: Dance World Books, 1968.

   Introduction to the creative teaching of dance to children. Discusses creative dance in elementary education, principles and techniques of creative teaching, and interests of children that can be used for dance. One section deals with the teacher's skills and attitude. A bibliography is included.

3. Kraus, Richard. Pocket Guide of Folk and Square Dances and Singing Games. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1966.

   This book is designed for elementary grades, but it could also be used with older mentally retarded children. Begins with such activities as "Five Little Chickadees" and the "Mulberry Bush", to "Virginia Reel", "Maypole Dance", "Salty Dog Rag" and square dancing.

4. Kubitsky-Kaltman. Teachers' Dance Handbook No. 1. Freeport, New York: Educational Axtivities, Inc., (P.O. Box 392, 11520), n.d.

   Outlines a definite program with progression based on growth and development. Begins with rhymes, songs, plays, and simple dances to more advanced national dances of many countries. Explicit directions and tunes are included in each dance.

5. Latchaw and Pyatt. A Pocket Guide of Dance Activities. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1958.

   Gives explicit directions for movement experiences in play acting, creative movement, music with movement, gradually working from simple nursery rhyme dances to popular folk dances.

6. Mason, Kathleen Criddle, editor. Dance Therapy: Focus on Dance VII. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, (1201 16th Street, N.W. 20036), 1974. $5.50.

   Compilation of articles exploring the development, theory, and methods of dance therapy. Philosophy and methods are examined for the role of the dance therapist in a psychiatric setting, as a member of a clinical team, in group therapy, and in individual work. Techniques for research and observation are examined. Dance is discussed for the following special groups: children with minimal brain dysfunction, the visually-impaired, the deaf, children with emotional or learning problems, and older people.

7. Nagel, Charles, and Moore, Fredricka. Skill Development Through Games and Rhythmic Activities. Palo Alto, California: The National Press, 1966.

   Material presented is useful to personnel directing the progression of skill development for various age groups. Definite skills are related to practice in these areas: goals and purposes for developing movement skills; ball skills; rhythm skills; advanced ball skills; team games; and dance skills for folk and social dance. The carefully worked-out progressions and many sequential illustrations make the contents quite appropriate for those who work with the mentally retarded in physical education or recreation programs.

8. Schmais, Claire. "What is Dance Therapy." Journal of Physical Education and Recreation 47:1:39; January 1976.

   Explores the differences between dance therapy and dance teaching. Although good dance teaching is therapeutic, dance as therapy requires intentional therapeutic intervention.

9. Schmais, Claire. "What Dance Therapy Teaches Us About Teaching Dance." Journal of Health, Physical Education, and Recreation 41:1:34-35,88; January 1970.

   The underlying theme of dance therapy -- reinforcing the ability to communicate -- is reflected through experiences and comments of a dance therapist. Attention is given to the important elements of a dance session and the use of effort-shape theory to give meaning to movement. Exploration of the structure of a typical dance class, the growth of social interaction as a result of dance, the possibilities of using dances from other countries in order to express the culture of other people, and the field of modern dance are discussed in relation to dance therapy.

10. Snyder, Mary Cowden. "Dance as a Lifetime Sport." Journal of Physical Education and Recreation 46:6:36-37; June 1975.

    Discusses the benefits of dance for a physical fitness program. Dance techniques can furnish the building blocks for all kinds of movement.

11. Weiner, Carole. Dance-Movement Therapy Bibliography. Helmuth, New York: Gowanda State Hospital, 1973.

    These sources on movement and creative dance are applicable to all ages. Emphasis is on materials used with mentally, physically and/or emotionally handicapped children. Listings include articles, bibliographies, books, booklets, films, journals, newsletters, equipment, odds and ends, and musical instruments.

12. Calder, Jean E. "Dance for the Mentally Retarded." Slow Learning Child 19:2:67-78; July 1972.

The role of dance in education and particularly in the education of the mentally retarded is discussed. Considered are such factors in dance programs as size of class, appropriate selection of types of dances, the variety of accompaniments possible, and the role of the teacher in the dance program. A review of research relating to the place of dance in programs for the mentally retarded and to the significance of dance programs in perceptual motor development programs is presented.

13. Canner, Norma. . . . and a Time to Dance. Boston, Massachusetts: Beacon Press, 1968.

The use of creative movement and dance to help young retarded children is described through narrative and through 125 photographs which represent the physical and emotional growth of a class and illustrate activities and techniques. Teaching methods are suggested for circle activities, nonparticipants, the isolation of body parts, locomotor movements, activities with sound, instruments, and other materials, and rest period objectives and procedures. A discussion of teachers' workshops is included.

14. Dobbs, J. P. B. The Slow Learner and Music: A Handbook for Teachers. New York: Oxford University Press, Inc., 1966.

Describes the value of music for slow learners and emphasizes the significance of music in the schools. Instructional activities and methods are suggested for group singing, instrumental music, listening, and movement and dance. Appendices provide lists of general background reading, music books for teachers, song books, records, film strips, books and music for movement and dance, music publishers, and related associations.

15. Ginglend, David R. The Expressive Arts for the Mentally Retarded. Arlington, Texas: National Association for Retarded Citizens, 1967.

Includes selected articles to stimulate thinking about the role of expressive arts in educating and training the mentally retarded, and in broadening their interests and activities during leisure time. Areas included: art, arts and crafts, communication and language, dance, dramatics, and music.

16. Grassman, Cyrus S. "Modified Folk and Square Dancing for the Mentally Retarded." The Physical Educator 15:1:32-35; March 1958.

Provides modifications for four standard dances which can be used with groups of mentally retarded age 7-12, IQ 50-75. For each dance includes: record needed, formation, movement per measure, words when used, and other possible adaptations. Dances include: "Bingo," "Seven Steps," "Masquerade," and "Waltz Quadrille."

17. Miller, Ann. "Growing with Music." Exceptional Children 20:305-307, 310-311; April 1954.

Singing and dancing were the two musical activities chosen to be used in a junior high school class for mentally retarded children. Singing was taught by rote and consisted mainly of familiar songs with repetitive words. Folk dancing was first introduced through the use of musical rhythms. Simple dances were then taught with the express purpose of conducting an activity which assured immediate success and satisfaction.

18. Tipple, Blanche. "Dance Therapy and Education Program." Journal of Leisurability 2:4:9-12; October 1975.

Describes the dance therapy program at Muskoka Centre (Gravenhurst, Ontario). Over 150 mentally retarded residents participate in twice weekly classes consisting of ballet, tap, acrobatics, and ballroom dancing. The dance program is not only fun but also enhances muscle coordination, body movement, and social behavior.

Dance for Mentally Ill Persons

19. Blankenburg, W. "Tanz in der Therapie Schizophrener (Dance in the Therapy of Schizophrenics)." Psychotherapy and Psychosomatics 17:5-6: 336-342; 1962.

Describes the use of dance as a therapeutic modality in the treatment of schizophrenia. Various dances from different epochs in the history of dance were employed.

20. Carroccio, Dennis P., and Quattlehaum, Lawrence F. "An Elementary Technique for Manipulation of Participation in Ward Dances at a Neuropsychiatric Hospital." Journal of Music Therapy 6:4:108-109; 1969.

Discusses ways to increase participation in a weekly dance via manipulation of environmental variables.

21. Gewertz, Joanna. "Dance for Psychotic Children." Journal of Health, Physical Education, and Recreation 35:1:63-64; January 1964.

Describes the sessions of a dance therapy program for fifteen psychotic children. Discusses the methods used to elicit participation. Program was led by a volunteer-teacher.

22. Huberty, C. J.; Quirk, J. P.; and Swan, W. "Dance Therapy with Psychotic Children." Archives of General Psychiatry 28:5:707-713; May 1973.

The development and evaluation of a dance program are described. The program was designed to modify a variety of irregular and disordered body-movement patterns common to psychotic children; it was conducted in a day-care unit for psychotic children.

23. Paley, A. M. "Dance Therapy: An Overview." American Journal of Psychoanalysis 34:81-83; 1974.

24. Roberts, A. G. "Dance Movement Therapy: Adjunctive Treatment in Psychotherapy." Canada's Mental Health 22:4:11-; December 1974.

25. Sandel, S. L. "Integrating Dance Therapy into Treatment." Hospital and Community Psychiatry 26:7:439-440; July 1975.

Dance for Persons Who Are Visually or Hearing Impaired

26. Case, Maurice. Recreation for Blind Adults. Springfield, Illinois: Charles C. Thomas, 1966.

The effects of blindness in adults, activity programs, and the administrative technicalities of these programs are discussed. Activities include arts and crafts, study and participation in dance and drama, group activities and social events, literary and language activities, nature outings, sporting events, and miscellaneous activities. The chain of administration, programing, financing, and physical facilities, including operational problems, are included in addition to the practical problems of recruiting, transporting, and charging patients for the services.

27. Chapman, Ann, and Cramer, Miriam. Dance and the Blind Child. New York: American Dance Guild, Inc., 1973.

Details of teaching one blind child in a class of sighted children. Includes 8 pages of lesson plans.

28. Duggar, Margaret P. "What Can Dance Be to Someone Who Cannot See?" Journal of Health, Physical Education and Recreation 39:5:28-30; May 1968.

Methods for teaching blind children to dance are suggested, including establishing a verbal vocabulary of movement and using analogy and images. Also explained are methods of developing spatial awareness, body awareness, and rhythmic perception, and of using instruments for matching quality of sound and motion.

29. Kratz, L. E. Movement Without Sight. Palo Alto, California: Peek Publications, 1973.

Provides a definition of blindness, the role of relaxation, and posture locomotion. Activities cover individual stunts and self-testing, rhythms, and dance.

30. Polk, Elizabeth. "Notes on the Demonstration of Dance Technique and Creative Dance as Taught to Deaf Children, Ages 7-11." Journal of the American Dance Therapy Association, Inc. 1:1:4-5; Fall 1968.

Methods and techniques for teaching deaf children to dance are suggested.

31. Wisher, Peter R. "Dance and the Deaf." Journal of Health, Physical Education, and Recreation 40:3:81; March 1969.

Discussion of considerations for hearing impaired participants in dance activities. Accompaniment, tactile cues, creativity, balance, relationship to speech development, student interest, and program values are covered

Dance for Physically Handicapped Individuals

32. Hecox, Bernadette, Ellen Levine, and Diana Scott. "A Report on the Use of Dance in Physical Rehabilitation: Every Body has a Right to Feel Good." Rehabilitation Literature 36:1:11-16; January 1975.

Describes and evaluates a dance program for physically handicapped adults that has been going on for three years at St. Luke's Hospital (New York City). Components of a well-balanced session include body warm-up, exercises based on dance techniques, movement involving others, opportunity for individual expression, and movement just for fun. Five case studies illustrate the values of dance to participants with various physical handicaps.